

CONGRESSMAN
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Proudly Representing the 14th District of Illinois

COMMUNITY LEADERSHIP FORUM ON **OPION** PREVENTION

*FORUM SUMMARY
& WORKING DRAFT
ACTION PLAN*

Working Draft, 31 March 2014

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Status:

This document is a working draft prepared by Rep. Randy Hultgren's office and initially shared with all forum participants on March 31, 2014. Please send edits, suggestions and comments by 5:00 p.m. CT, April 17 to Rep. Hultgren's Coalitions Director Susan Russell at susan.russell@mail.house.gov.

The draft along with Rep. Hultgren's continuing activity on heroin and opioid prevention is available at <http://hultgren.house.gov/heroin>

Table of Contents

Introduction – U.S. Rep. Randy Hultgren (IL-14)	4
Initial Survey and Results Summary	5
RESULTS SUMMARY:	5
Faces of Heroin: Pursuing a Community Based Approach – <i>Presented by U.S. Rep. Randy Hultgren (IL-14)</i>	7
Preventing Opioid Abuse and Misuse: Developing the Infrastructure – Keynote Address Presented by Captain Jeffrey A. Coady, PsyD, Regional Administrator, Substance Abuse Mental Health Services Administration (SAMHSA)	9
Leveraging Partnerships to Enhance Heroin Prevention: The Value of the Social Ecological Model – Presented by Kathie Kane Willis, Director, Illinois Consortium on Drug Policy-Roosevelt University	12
Table Discussions and Recommended Actions	14
<i>I. PRIMARY PREVENTION: STOPPING THE INITIAL USE OR DELAYING THE AGE OF USE OF HEROIN & OPIOIDS</i>	14
<i>II. SECONDARY PREVENTION: SUBSTANCE ABUSE TREATMENT AND STOPPING THE REGULAR USE OF DRUGS</i>	15
<i>III. TERTIARY PREVENTION: LIFETIME DISEASE MANAGEMENT AND STOPPING HEROIN AND OPIOID OVERDOSE</i>	16
Appendices	19

Introduction – U.S. Rep. Randy Hultgren (IL-14)

On March 7, 2014 I convened a *Community Leadership Forum on Heroin Prevention* at the Kane County Government Center in Geneva, Illinois. This timely forum brought together a diverse array of experts and local and state leaders—including law enforcement, drug courts, elected officials, educators, treatment providers and recovery centers—to share resources and ideas to tackle the growing threat of heroin addiction and opioid abuse in northern Illinois. Participants represent all seven of the collar counties, including Lake, McHenry, Kane, DuPage, Kendall, DeKalb and Will counties.

At the forum, we came together as a single community to exchange ideas about what is working, what needs improvement and how our combined resources can be a force multiplier in fighting the growing epidemic in our communities. My goal was to create a collaborative environment where participants would share information, discuss concerns and recommend strategic initiatives that leadership can implement to combat the heroin epidemic in our communities.

Participants divided into breakout tables where we discussed what barriers to partnerships existed and what improvements should be made in the following areas:

- Primary prevention—Focus on preventing or delaying the initiation of substance use.
- Secondary prevention—Treating substance abuse and stopping the regular use of drugs.
- Tertiary prevention—Lifetime management and overdose prevention.

The participants then identified next steps they could take in addressing the barriers, which individuals and organizations can work together, where the next steps should happen and when.

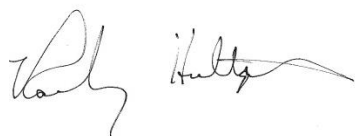
We want to establish a prevention framework—one that looks at outcomes and focuses on how to get there—that stretches and leverages our resources in the 14th District and beyond the collar counties throughout Illinois.

Below is a summary of the forum and a working draft action document. This is not a finished product and requires input and revision from the participants, as well as the community as a whole. This document is the next step toward putting in place an action plan that will work and that all interested parties are collaboratively pursuing. The goal is to develop a model our community can and must pursue to combat heroin and opioid abuse together.

I plan to convene community leaders again to discuss the draft with an urgent eye toward finalizing an action plan that breaks down barriers in our communities and makes a lasting impact for the good.

I present this document with confidence that through our combined efforts we can combat the spread of heroin and opioid abuse in northern Illinois and across the state.

Thank you,



Randy Hultgren
Member of Congress

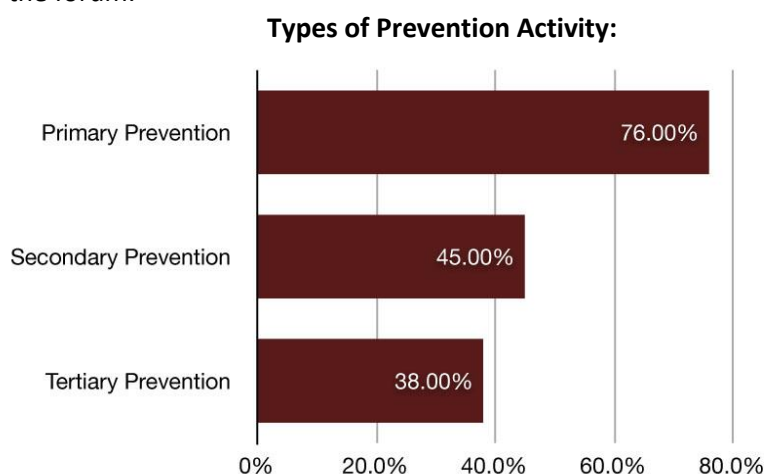
Initial Survey and Results Summary

Prior to the leadership forum, Rep. Randy Hultgren enlisted the support of Roosevelt University's Illinois Consortium on Drug Policy to develop a pre-event survey for all participants to complete. The initial survey results worked to identify what activities are occurring across the northern Illinois area in the three prevention areas to build on existing partnerships, identify barriers to partnering together and leveraging expertise and resources. The results also acted to guide and develop the framework of the leadership forum.

A report of the results was shared with all participants prior to the forum for their review and to facilitate discussion at the forum (Initial Survey Report: Appendix C). In addition, Kathie Kane Willis, Director of Roosevelt University's Illinois Consortium on Drug Policy, summarized a sample of the survey results to the group in her presentation, "Leveraging Partnerships to Enhance Heroin Prevention: The Value of the Social Ecological Model."

RESULTS SUMMARY:

- 34 community leaders completed the pre-event survey even though nearly 100 regional leaders participated in the forum.



- 86 percent of respondents reported partnering with other organizations. The most common partners were police and substance abuse treatment centers and the least common were health-based organizations. Businesses also failed to register much activity.

Most Common Partnerships:		Least Common Partnerships:	
Police	71%	Jails	43%
Substance use treatment providers	63%	Doctors	40%
Community based organizations	57%	Professional Associations	37%
Parents	57%	Outreach workers who assist individuals who use opiates/heroin	37%
Coroners	54%	Community based health education programs	37%
Courts	54%	Hospitals	26%
Elected officials	54%	Emergency Medical Services	20%
Schools	51%	Pharmacies	20%

Public health departments	51%	Chambers of commerce/businesses	14%
People in recovery	49%	Other	14%
Youth/Young adults	46%	Syringe exchange providers	0%

- The results seemed to show that the partnerships of those at the forum were generally limited to those with whom they had previous working relationships. In one glaring omission, none of the leaders reported partnering with syringe exchange providers.
- What did the participants say were the barriers to partnering? Responses included:

"I find that our community does not work together and come together on projects that would benefit the people in our community when they need it most."

"Stigma and shame."

"Collaboration breaks down because of turf and funding."

"Lack of buy-in from educational leaders who are afraid to admit that there is a heroin problem in the county."

"Resistance from schools."

"Lack of parental involvement."

"Not having all the players at the table."

Which partnerships do you not have now that you think would add value to your existing efforts?	
Parents	37%
Chamber of commerce/businesses	33%
Elected Officials	33%
Community based health education programs	33%
Community based organizations	30%
Professional Associations	30%
Outreach workers who assist those who use opiates/heroin	30%
Hospitals	30%
Youth/Young adults	27%
Doctors	27%
Public Health Departments	23%
Police	20%
Schools	20%
EMT/Emergency medical Services	20%
People in recovery	20%
Pharmacies	17%
Courts	17%
Substance use treatment providers	13%
Other	13%
Coroners	10%
Jails	10%
Syringe exchange providers	7%

Faces of Heroin: Pursuing a Community Based Approach – Presented by U.S. Rep. Randy Hultgren (IL-14)

Everyone in our community—teachers and police officers, treatment facilities and mayors, parents and advocates, judges and health professionals, churches and government officials, families and schools—observe in disturbing detail the toll heroin abuse is taking on northern Illinois.

It's worth taking a moment to think about the faces of those caught in the heroin trap.

These faces of heroin transcend social and economic boundaries.

Heroin plagues the “heroes” of Hollywood and pop culture icons that shock the public into realizing its damaging consequences.

It intrudes into the national news and it hits us where we are, across the collar counties. Local newspapers have reported on the deaths of youths overdosing on heroin, and on users traveling to Chicago regularly for their supply.

Heroin damages our children's classmates. It preys on those struggling with mental health problems, and the neighbor down the street who seems fine on the outside, but is fighting the demons of addiction.

When we look past the stereotypes, we find that drug addiction is not confined to seedy streets on the south side of Chicago. These are the people we care about. These are the faces of hurt. These are the faces in need.

These faces are us and we must face this serious problem head-on.

There is hope—much of which is the result of great work carried out by our community leaders.

Task forces at the state, local and community level have been launched to study the issue and find solutions.

Local counties have seen recent declines in heroin deaths, and others have introduced new plans to crack down on heroin and prescription-drug abuse.

And there are many other untold success stories.

I believe the real solution to tackling heroin abuse must come from within our communities.

Heroin reduces the perception of pain, so the question for us is: what's causing that pain, and how do we address it? What are the unseen demons that have gone unaddressed? How can we reach out to those who are hurting and make a true transformation in their lives—not a temporary fix?

According to the U.S. Department of Health and Human Services, the number of people nationwide above age 12 who used heroin rose from 373,000 in 2007 to 669,000 in 2012.

Even seeing some recent positive outcomes, most of the collar counties have seen dramatic increases in heroin-related deaths in the past decade.

And what many are calling an “epidemic” hits adults and our children alike. 80 percent of heroin addicts in the United States are under the age of 26.

The factors involved in the rise of heroin and opioid abuse are myriad and complex.

As our resources are stretched thin, it is vital that community leaders and organizations step up and work together to combat heroin abuse.

A multidisciplinary, community-based approach is essential if we are to eradicate heroin abuse in our region.

We need continued input from all sides of the issue to work out a way forward, to assess the needs of our community and build up our capacities to fight this epidemic. Coordination and communication should characterize our efforts.

At the forum, we worked to assess where we are:

- What is blocking us from collaborating?
- What organizations can work more closely together?
- What resources can be shared to multiply our efforts?
- What partnerships are already in place than can be improved?

We worked toward planning and promoting a goal-oriented solution to the heroin and opioid crisis so we can reduce the use of, and mortality associated with, drug abuse.

We must now implement our prevention solution, one that includes thwarting the initial use of heroin, treating addiction and preventing overdose.

What we don’t want is for each of us to retreat back to our own “turf,” put our blinders on and forge ahead alone. Now that everyone came to the table, we need everyone to stay at the table.

The Social Ecological Model laid out here provides us a blueprint for successful change in individual behavior—our ultimate goal.

It will take the support of policy at the federal, state and local level, as well as the support of the community, of organizations and of relationships to help those caught in heroin abuse be free of it.

There is no silver bullet—we’re going to need an arsenal of methods and approaches. We’re going to have to be meticulous in our evaluations those approaches, of what works and what doesn’t, and be willing to scrutinize the results of our actions.

This will require us to share data and best practices. This will also require us to exploit the infrastructure we have, and work to improve it.

Most importantly, we can and should always remember that the faces of heroin are real, and they demand an answer from us.

Heroin use is on the rise, but as we’ve seen today, there is hope. As Captain Coady said, prevention *does* work, treatment *is* effective, and people *can* recover.

Let’s change Chicago and northern Illinois from the heroin hub to the recovery hub.

Preventing Opioid Abuse and Misuse: Developing the Infrastructure – Keynote Address Presented by Captain Jeffrey A. Coady, PsyD, Regional Administrator, Substance Abuse Mental Health Services Administration (SAMHSA)

Captain Coady from the Substance Abuse Mental Health Services Administration (SAMHSA) presented a message of hope and action. He emphasized that America is a nation that understands and acts on the knowledge that behavioral health *is* essential to health, prevention *works*, treatment *is* effective and people *do* recover.

One of SAMHSA's top prevention priorities is creating communities where individuals, families, schools, faith-based organizations and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse and suicide.

According to the National Survey on Drug Use and Health (NSDUH), in 2012, 23.9 million Americans (12 and older), or 9.2 percent, reported past month use of illicit drugs. 335,000, or 0.1 percent of the population, reported past month use of heroin.

Although the total number reporting heroin use is significantly lower than reported nonmedical use of psychotherapeutics, the numbers have been increasing fairly steadily since 2007, both for past month use, as well as past year use. In Illinois, that equals 41,000 people aged 12 or older who have used heroin in the past year.

In addition, prescription medications are among the top substances abused by 12th graders in the past year. In 2011, more than 4,500 young people per day abused a prescription drug for the first time.

And all ages are affected, from older Americans as well as infants.

The *Journal of American Medical Association* recently released a study revealing maternal opioid use increased five-fold and the incidence of newborns experiencing Neonatal Abstinence Syndrome (NAS) tripled from 2000-2009. They estimate that "in 2009 there was approximately one infant born per hour in the U.S. with signs of drug withdrawal."

According to the American Academy of Pediatrics (AAP), 55 percent to 94 percent of neonates exposed to opioids *in utero* experience withdrawal or NAS. This means that for these precious babies their first experience in this world will be one of significant suffering. Their first days, weeks, or even months will be wrought with uncontrollable tremors, inconsolable crying, stomach cramps, vomiting, diarrhea, blistered and bleeding bottoms, fevers, sweating, rapid breathing, uncoordinated and ineffective sucking, poor feeding and tight muscles.

Further, according to the Centers for Disease Control and Prevention, in 2010 there were over 16,000 drug poisoning deaths involving prescription pain relievers and about 3,000 drug poisoning deaths involving heroin.

Those deaths represent a 21 percent increase in prescription pain reliever deaths between 2006 and 2010, and a 45 percent increase in heroin deaths.

In one targeted response, SAMHSA recently published an Opioid Overdose Toolkit to educate individuals, families, first responders, prescribing providers and community members about steps to take to prevent opioid overdose and to treat overdoses, including the use of naloxone. (The toolkit is available for download from the SAMHSA website: <http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/All-New-Products/SMA13-4742>).

Captain Coady stressed the effectiveness of Medication-Assisted Treatment (MAT) for overdose. He said that MAT is an evidence-based treatment for opioid addiction; however, it is not a stand-alone treatment choice.

It must remain part of a holistic evidence-based treatment program that includes behavioral, cognitive and other recovery-oriented interventions, treatment agreements, urine toxicology screens and checking of Prescription Drug Monitoring Programs (PDMP).

At the national level, President Obama's FY 2015 budget proposes two new initiatives to combat prescription drug and abuse (SAMHSA is an agency within the U.S. Department of Health and Human Services):

- Strategic Prevention Framework RX (SPF Rx) for the prevention of prescription drug misuse and abuse in high priority age groups (including young- and middle-aged adults) through education and prevention (in collaboration with the Centers for Disease Control and Prevention).
- Primary Care and Addiction Services Integration (PCASI) program, which will enable providers to offer a full array of both physical health and substance abuse services clients.

Captain Coady emphasized that what we are fighting is a public health problem, not a social problem. When it is considered a social problem, there is insufficient response from the community, a focus on symptoms and individual blame.

When heroin and opioid use is recognized as a public health problem, a national dialogue can take place and the health needs of people and communities can be addressed because everyone has a stake.

A Strategic Prevention Framework will help develop the infrastructure necessary for preventing opioid abuse and misuse. Such a framework involves stakeholders who:

- Assess the problem and collect data
- Understand capacity and barriers
- Plan activities
- Implement activities
- Evaluate activities

Schools, treatment programs, courts and community health centers are excellent locations to pinpoint data to analyze the issues. Grass root organizers in the United States have then identified needs and challenges in their local communities; mobilized resources and constituencies locally, nationally and globally; and worked in concert with legislatures, law enforcement agencies, prescribers, insurers and others to address the needs of their families and communities.

A hallmark of these grass root efforts has been collaborative outreach:

- Pooling resources
- Sharing lessons learned
- Disseminating best practices
- Working with scientists and public health organizations to generate the scientific data needed to evaluate and improve overdose prevention and rescue programs

To conclude, Captain Coady pointed to several helpful resources for participants in their efforts:

- Accessing Resources and Programs:
 - South Boston Hope and Recovery Coalition <http://hopeandrecovery.org/resources/>
- Establishing Networks:
 - Harm Reduction Coalition <http://harmreduction.org/>
- Distributing Scientific Information:
 - Overdose Prevention Alliance <http://www.overdosepreventionalliance.org/>
- Sharing Lessons Learned:
 - Project Lazarus <http://www.projectlazarus.org/>
- Expanding Pilot Programs:
 - Project DAWN (Deaths Avoided with Naloxone)
<http://www.healthy.ohio.gov/vipp/drug/ProjectDAWN.aspx>

Leveraging Partnerships to Enhance Heroin Prevention: The Value of the Social Ecological Model – Presented by Kathie Kane Willis, Director, Illinois Consortium on Drug Policy-Roosevelt University

A comprehensive prevention strategy to combat heroin and opioid abuse requires a three-tiered solution with input from all areas in a community. Kathleen (Kathie) Kane-Willis of the Illinois Consortium on Drug Policy at Roosevelt University presented to the group on how to leverage the partnerships in a community as part of a Social Ecological Model to combat heroin and opioid use.

Research done by Roosevelt University and other institutions has shown a growing link between opiate pill use and heroin use. The increased availability of prescription pills has fueled the current opiate epidemic. Because of the good work done by law enforcement and doctors to crack down on opiate pill abuse and change prescribing practices, pill availability has decreased and prices have increased. An unfortunate result is that individuals who are dependent on pills move to heroin as the cheaper, more available opioid to obtain the same high.

Thus, as the threat of heroin use grows, partners from diverse areas of expertise will need to be communicating and sharing resources.

As in most health measures, prevention of a disease, rather than treatment, is the desired goal. The primary strategy should focus on discouraging the initial use of opioids and heroin. Discouraging initial use makes it a much easier task for the user and community to combat abuse and addiction. If opioid use commences, providing treatment for drug-users and working to prevent overdose follow as key actions to stop regular use, addiction and death.

Thus, the three components of prevention are:

- Primary prevention—Focus on preventing or delaying the initiation of substance use.
- Secondary prevention—Treating substance abuse and stopping the regular use of drugs.
- Tertiary prevention—Lifetime management and overdose prevention.

Ms. Willis highlighted findings from the initial survey report* and discussed how it helps in the pursuit of a Strategic Prevention Framework, in which partners:

- Assess the problem and collect data
- Understand capacity and barriers
- Plan activities
- Implement activities
- Evaluate activities

***Results of the survey are summarized on page 4 and full results are in the Initial Survey Report in Appendix C.**

Ms. Willis emphasized that all stakeholders must be involved in order to implement a Social Ecological Model. The model relies on the following four principles:

1. Interventions to promote and support individual-level behavior change must occur at multiple levels and involve professionals, organizations and institutions in multiple domains.

2. Each level seeks to influence individual-level behavior through complimentary activities aimed at a common goal.
3. Efforts that target individuals solely and not the professionals, organizations and systems designed to support these individuals are less effective in sustaining behavior change than multi-level models. Models that focus solely on communities and do not include individual-level education and communication efforts are less motivating than multi-level models.
4. Community-based health promotion models and the activities therein must be tailored to change a specific health behavior. Critical factors involved in the development to continuation of a behavior must be identified to enhance the creation of goals and activities.

The model has as its foundation a series of supports targeted at changing the behavior at the individual level, the ultimate marker of success. In order to increase knowledge, awareness, attitudes and perceptions at the individual level, higher-level supports must be in place and active:

- Interpersonal: Increase knowledge and awareness among friends and family. Messaging and support from health, mental health and treatment providers.
- Organizational: Messaging and programming from employers, community organizations and local government. System policies and practices to support change.
- Community: Leverage resources and coordinate efforts through community coalition.
- Policy: Formal policies to support change.

Table Discussions and Recommended Actions

Following Kathie Kane-Willis' presentation, the community experts divided into break-out groups to discuss the three components of prevention and what barriers existed to ensuring the success of each effort. While the survey results listed the barriers are myriad, breaking down those barriers was a major focal point for discussion.

Experts brainstormed actions that each could take to build a community-based prevention strategy, drawing on the principles of the Social Ecological Model. Following are the results of those discussions, as well as the action items recommended by the attendees. Please refer to Appendix C for table discussion guidelines and the list of questions posed.

I. PRIMARY PREVENTION: STOPPING THE INITIAL USE OR DELAYING THE AGE OF USE OF HEROIN & OPIOIDS

Community leaders identified deficiencies in current education programs, limited resources and funding available for outreach and education, and community denial of the problem as chief barriers facing Primary Prevention of heroin and opioid use.

Education on heroin and the common factors that lead to substance abuse including mental health disorders, physical and mental abuse and lax prescription drug monitoring need to be improved. Mental health problems are often associated with heroin and drug abuse, and unaddressed treatment for mental illness thwarts a curtailing of the problem. Controlled prescription drugs and opioid pain relievers are being overprescribed, and these highly addictive drugs function similarly as heroin and increase the draw to it. Limited education in the schools and resources for education programs are a distinct barrier in primary prevention. The numerous mandates and responsibilities schools and teachers currently face leave little time to address the issue of heroin and prescription drug abuse. The set curricula and limited funding restrict supplemental education on the problem of heroin and opioid abuse.

In addition to the stresses put on schools and teachers, parents and the community lack knowledge on the issue. The education programs that are in place are not working together to coordinate the message with the community as a whole. Prevention education does not begin early enough for young people. Additionally, awareness of the heroin epidemic is not yet broadly disseminated for all stakeholders: teachers, parents, doctors, athletic trainers, law enforcement—the entire community needs to be reached. Finally, the stigma associated with the problem creates unwillingness in parents, teachers and the community as a whole to admit there is a problem. Disengaged parents and lack of family structure are also a factor that hinders stopping the problem before it starts.

RECOMMENDED ACTION ITEMS FOR OVERCOMING BARRIERS IN PRIMARY PREVENTION:

IMPROVE EDUCATION PROGRAMS AND AWARENESS OF HEROIN USE IN THE COMMUNITY

- Evaluate effectiveness of current drug education programs to best utilize limited resources.
 - Programs should be evidence-based, reach a wide-audience and be integrated in multiple areas of person's life to be most effective.
 - Coordination between the methods of education delivery to reach a wide-audience.
- Begin education at a younger age – education must begin in middle school.
- Develop Community-Based Education
 - Reach community leaders and arm them with clear messaging and tools that they can bring back to their spheres of influence.

- Partner with the media on local awareness efforts.
- Utilize social media and digital platforms to expand message of epidemic and available local resources to combat abuse.
- Change commonly-used language from “addiction” to “disease.”
- Create readily available list of information and resources to be delivered to the community.
 - List can be hosted on web site and be shared by schools, students, hospitals, churches, law enforcement, officials and others to reach the entire community. For example, Geneva student handbook where students can go for resources.
- Utilize current programs in place to improve community education of epidemic.
 - IL Youth Survey
 - “Too Good for Drugs” program reviewed by SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP)
 - Young Adults Heroin Use Task Force
- Strengthen Prescription Drug Education
 - Educate against the assumption that prescription pain medications are not dangerous.
 - Establish drop boxes in all municipalities for expired/excess prescription medication.
 - Partner with Realtors and senior facilities to ensure readily available prescriptions painkillers are more tightly controlled.
 - Consider corporate partnerships with law enforcement and officials to combat prescription medication abuse.
 - Change how prescription pain medication is labeled either by adding a colored-flyer attached to the papers of the prescription or use stickers with information on the addictive nature of these prescriptions. Color-code prescription bottles, using a different color for highly addictive medications.
 - Pass legislation that controls the amount of painkillers doctors are prescribing.
 - Update and improve accessibility of the federal and state opioid database.

II. SECONDARY PREVENTION: SUBSTANCE ABUSE TREATMENT AND STOPPING THE REGULAR USE OF DRUGS

The availability of treatment and limited resources and funding for treatment are the predominant barriers identified in Secondary Prevention. Normally, resources are not allocated until there is a serious problem. Consequently, the demand for treatment now exceeds the supply, but the capacity of facilities remains low. Complicating treatment, individuals often deny they need treatment and do not willingly seek treatment. While there are success stories, many that are referred to treatment are agreeing to it as a means to avoid incarceration, not from a desire to get treatment and help. Screening and assessment of addiction and mental illness also can be complicated and effective treatment cannot be formulaic. Patients are often treated for only one disorder. Co-occurring disorders should be the expectation and treatment needs to be holistic and include psychiatric treatment to combat the underlying mental health illness that is generally correlated with addiction problems. A wide array of associated disorders including HIV/AIDS, physical and sexual abuse, mental illness, physical disabilities need to be taken under consideration when developing appropriate treatment.

Our healthcare system has its own set of barriers to treating heroin and opioid abuse. Medicaid does not cover private treatment. Even addicts with private medical care have limited treatment as the insurance companies have reign over the care provided. Moreover, the quality of treatment is compounded by mental health services and substance abuse treatment often not being integrated together, forcing patients to jump between the two. Many substance abuse outpatient treatment programs are limited in treating both substance abuse and mental disorders due to limited resources to pay for mental health specialists. On top of that, treatment covered by insurance is not comprehensive or efficient enough according to models of recovery. A mandate in the Affordable Care Act that will award Medicare reimbursement for hospitals based on patient satisfaction

surveys geared toward successful pain management is creating negative consequences for our healthcare system as it coerces physicians to over-medicate patients, ahead of their professional judgment.

RECOMMENDED ACTION ITEMS FOR OVERCOMING BARRIERS IN SECONDARY PREVENTION:

IMPROVE TREATMENT AND TREATMENT RESOURCES

- Modify treatment programs to results driven programs that are holistic and long-term, taking into account the addictive nature of heroin and the common occurrence of relapse.
- Improve understanding of addiction as a disease.
- Treat the mental health illnesses and the underlying causes of heroin abuse and make co-occurring disorders the expectation.
- Encourage drug companies to provide support for treatment.
- Raise treatment of addiction to the same medical and ethical standards as treatment for other chronic diseases.
- Cross-train mental health and substance abuse personnel in both expertise to help facilitate integrated treatment
- Develop and train medical personnel and related professionals in Motivational Enhancement Therapy to help addicts move away from denial to desiring help with recovery.
- Improve access to Suboxone and other Medically Assisted Treatment (MAT).
- Improve availability of transportation to treatment facilities.

REFORM HEALTHCARE POLICY AND IMPLEMENT COMMUNITY INITIATIVES FOR SECONDARY TREATMENT

- Educate about current needle exchange programs available in Illinois and establish additional locations where the problem is increasing.
- Modify patient satisfaction surveys and their influence on hospital rating systems in the Affordable Care Act.

III. TERTIARY PREVENTION: LIFETIME DISEASE MANAGEMENT AND STOPPING HEROIN AND OPIOID OVERDOSE

Community leaders were especially hopeful at strides made at the Tertiary Prevention level, as Illinois has taken key steps in combating overdose. Naloxone, also known as Narcan, is a drug that can reverse a heroin overdose in minutes and is manufactured in Lake County by Hospira. The Illinois Prevention Awareness Act allows for more people to get trained in administering Narcan. In addition, the Illinois Good Samaritan Act grants immunity from criminal charges for drug possession to both the addict and the person reporting the overdose to emergency personnel. With these policies in place, the greatest barriers identified are educating the community about these ways to prevent heroin overdose, and making Narcan more readily available in public places.

The greatest barrier identified at the Tertiary Prevention level was the need for on-going, lifelong disease management. Addiction is a life-long disease and our healthcare system fails to recognize its need for chronic treatment. Treatment for heroin addicts cannot end at the end of a 21-day program. Relapse is a common occurrence with heroin and opioid abuse. Comprehensive treatment needs to be available, but the wait for continuing care is long. As many addicts leave or are forced to leave treatment programs before completion due to arbitrary insurance coverage limits, treatment should include strategies to engage and keep patients in treatment along with providing resources for long-term support outside of treatment facility. On top of that,

insurance coverage is extremely limited in providing ongoing mental health support and needs to adopt outreach and support programs as part of their medical coverage.

RECOMMENDED ACTION ITEMS FOR OVERCOMING BARRIERS IN TERTIARY PREVENTION:

RECOGNIZE ADDICTION AS A LIFELONG DISEASE AND PROVIDE A NETWORK OF SUPPORT

- Give families and support systems resources and ways to assist with long-term support.
- Educate that treatment should be designed over a patient's lifetime.
- Establish community outreach programs through community leaders, churches, teachers, parents, youth leaders, and health and welfare professionals to offer continuing support and encourage these programs to partner with treatment programs.
- Create community-guided initiatives to improve patients' quality of life post treatment. Professional training, safe housing, and educational tools can help foster abstinence from drugs.
- Develop toolkit for recovering addicts that provides a list of resources and support programs available and initiate message of hope campaign.
 - More expansive list can be hosted online and includes an online forum and support system of fellow recovering addicts.

INCREASE NARCAN AWARENESS, TRAINING AND AVAILABILITY

- Ensure all first responders are trained on administering Narcan.
 - Training should include handling individuals once they receive Narcan as many can be combative coming out of the drug.
- Increase Narcan availability.
 - Make it available in public places, similar to heart defibrillators and fire extinguishers.
 - Include in all first aid kits.
- Increase Narcan public awareness and training.
 - Target youth age 18-26 with education and training about the solution.
 - Direct education to friends and parents of drug users.
 - Include training in first aid certification courses.
- Introduce possible legislation to protect people administering Narcan from being held liable in case of death or injury.
- Increase availability of nasal spray form of Narcan.
- Pursue alternative funding sources and corporate partnerships.

HEALTHCARE POLICY FOR TERTIARY TREATMENT

- Establish education programs on current needle exchange programs available in Illinois, and target problem areas for additional locations.
- Reform tort law to allow doctors to practice defensive medicine without fear of lawsuit.
- Change how addiction is defined in insurance coverage (pre-existing condition vs. life choice)
- Reform medical coverage to expand patient treatment for mental health disorders.

INCREASE AWARENESS AND USE OF EXISTING RESOURCES

- Educate community to understand the Good Samaritan Act.
 - Encourage the public to call 911 and educate on symptoms of overdose.
- Educate incarcerated former users about prevention and effective response to overdose.

- Update and improve accessibility of the federal and state opioid database.
- Incentivize law enforcement, pharmacists, healthcare officials and patients to utilize and participate in the Illinois Prescription Monitoring Plan (PMP) to prevent accidental overdoses. FROM SAMSHA: For PDMPs to be effective, they need to be used.
- Partner with other states to share data in Prescription Drug Monitoring Plans (PDMP) to thwart individuals crossing state lines to acquire prescription medications.
- Encourage current local and state task forces to coordinate efforts and resources.

Appendices

Appendix A: Community Leaders in Attendance

Appendix B: Slide Presentations

- Faces of Heroin: Pursuing a Community Based Approach– *Presented by Rep. Randy Hultgren (IL-14)*
- Preventing Opioid Abuse and Misuse: Developing the Infrastructure – *Keynote Address Presented by Captain Jeffrey A. Coady, PsyD, Regional Administrator, Substance Abuse Mental Health Services Administration (SAMHSA)*
- Leveraging Partnerships to Enhance Heroin Prevention: The Value of the Social Ecological Model – *Presented by Kathie Kane Willis, Director, Illinois Consortium on Drug Policy-Roosevelt University*

Appendix C: Materials Distributed

- Initial Survey Results Report
- Forum Program
- Table Discussion Guidelines
- Partnership Form
- Social Ecological Model

Community Leaders in Attendance

Kris Adzia, Education Programming Manager, Robert Crown Center
Robert Berlin, State's Attorney, DuPage County
Lou Bianchi, State's Attorney, McHenry County
Herbert Brooks, Speaker of the Board, Will County
Kathleen Burke, President and Owner, Strategic Prevention
Kenneth Chiakas
Michael Combs, Chief of the Criminal Division, McHenry County State's Attorney
Tim Creighton, Deputy Sheriff, McHenry County Sheriff's Department
Pat Dal Santo, Regional Superintendent, Kane County
Randy Deicke, Area 3 Representative, Batavia Fire Department and IFCA
Mark Fowler, Executive Director, Northwest Municipal Conference
Rodrigo Garcia, Assistant Director, Illinois Department of Veterans Affairs
Mike Gilloffo, Chief of Police, Forest Preserve District of Kane County
Kimberly Groll, President and Owner, Achieving Solutions Counseling
Monique Harms, Region 1 Field Supervisor, Crime Scene Services Command,
Garret Hill, Legislative Assistant, State Representative Barb Wheeler, 64th District
Tina Hill, Chairwoman, McHenry County Board
Jeff Hunt, Interim Executive Director, Robert Crown Center
Michael Iwanicki, Superintendent, McHenry County Veteran's Assistance Commission
Barb Jeffers, Executive Director, Kane County Health Department
Richard Jorgensen, Coroner, DuPage County
Allison Johnsen, Behavioral Health Specialist, Cadence Health
Jeff Johnson D.O., Medical Director, Cadence Health Addiction Services
David Kaptain, Mayor, City of Elgin
The Honorable Marmarie Kostelny, Associate Judge, 16th Judicial Circuit
Jerry Krawczyk, Deputy Chief, Village of South Elgin
Chris Lauzen, Chairman, Kane County Board
Jan Licht, Principal and Clinician, DuPage County Psychological Services
Anne Majewski, Coroner, McHenry County
Samantha Marcum, District Director, State Senator Jennifer Bertino-Tarrant, 49th District
Joe McMahon, State's Attorney, Kane County
Jeffrey Metzger, Chairman, DeKalb County Board
Lea Minalga, President and Founder, Hearts of Hope
Donna Moulton, Executive Director, DeKalb County Health Facility
Mike Muraski, Sergeant, McHenry County Sheriff's Department
Michael Nerheim, State's Attorney, Lake County
Vilmarie Narloch, Adjunct Faculty, Roosevelt University
Josie Paul, Program Director, Illinois Lutheran Addiction Services
Pat Perez, Sheriff, Kane County
Orlando Portillo, Chief Deputy Coroner, Lake County
Jim Popovitz, Lieutenant, McHenry County Sheriff's Office
Richard Randall, Sheriff, Kendall County
Thomas Rudd, Coroner, Lake County
Rob Russell, Coroner, Kane County
Jim Scarpace, Executive Director, Gateway Foundation Aurora
Tim Trotter, Manager of Strategic Planning, DuPage County
Anastasia Tuskey, Communications Director, Will County HELPS
Jim Udesen, HEAT Team Member, McHenry County Sheriff's Office
Dave Wagner, Undersheriff, Kane County
Eric Weis, State's Attorney, Kendall County
Candice Yeargin, Project Success Supervisor, McHenry County Substance Coalition
Sam Yingling, State Representative, 62nd District
Jacob Zimmerman, Superintendent, Kane County Veterans Assistance Commission
Andy Zinke, Undersheriff, McHenry County Sheriff's Office



COMMUNITY LEADERSHIP FORUM

HIGH RELAPSE ENFORCEMENT WITHDRAWAL PRODUCTION MUG NEED
FIX ARIES CAP H IMPEDS RECOVERY
PREVENTION EDUCATION RELAPSE HARRY HORSE FITTING
BIG H RISK COMMUNITY HINDER ADDICTION BEAST RECOVERY
TAR HINDER ADDICTION BEAST RECOVERY
DEATH DISEASE! DETOX BUNDLE
PROBLEM MEDICAL TOGETHER HAZEL PAIN
ADDICTIVE IDENTIFY HARMFUL REHAB.
EFFECTS PSYCHOLOGICAL WAR OPIOID INJECT DANGEROUS DEPRESSION
SMACKS RESOURCES INJECT DANGEROUS DEPRESSION
DEATH DISEASE! DETOX BUNDLE
PROBLEM MEDICAL TOGETHER HAZEL PAIN
ADDICTIVE IDENTIFY HARMFUL REHAB.
EFFECTS PSYCHOLOGICAL WAR OPIOID INJECT DANGEROUS DEPRESSION
SMACKS RESOURCES INJECT DANGEROUS DEPRESSION

PREVENTION

MARCH 7 | KANE COUNTY GOVERNMENT CENTER | GENEVA, IL



CONGRESSMAN

RANDY HULTGREN

Proudly Representing the 14th District of Illinois

CONGRESSMAN
RANDY HULTGREN
Proudly Representing the 14th District of Illinois

COMMUNITY LEADERSHIP FORUM ON HEROIN PREVENTION

**In 2013, a
record 46
people died
from heroin
overdoses in
DuPage County.**

*Source: Beckman, Hank. "An ongoing battle." Beacon
News. 26 January. 2014: pg 12. Print.*

CONGRESSMAN
RANDY HULTGREN
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COMMUNITY LEADERSHIP FORUM ON HEROIN PREVENTION

**According to
SAMHSA, the
number of
Americans using
heroin increased
to 669,000 from
373,000, during
2007 to 2012.**

*Source: Schory, Brenda. "Death spurs group
to stay on message." Kane County Chronicle.
19 February. 2014: pg 9. Print.*

CONGRESSMAN
RANDY HULTGREN
Proudly Representing the 14th District of Illinois

COMMUNITY LEADERSHIP FORUM ON HEROIN PREVENTION

**More people
die from drug
overdoses in
Illinois than car
accidents.**

Source: Crosby, Denise. "Heroin fight is slowly gaining momentum." Beacon News. 26 February. 2014: pg 2. Print.

CONGRESSMAN
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COMMUNITY LEADERSHIP FORUM ON HEROIN PREVENTION

**Law
enforcement
alone cannot
end the heroin
scourge.**

Source: "Heroin scourge begs for answers." Chicago Sun-Times. 24 February. 2014: pg 19. Print.

CONGRESSMAN
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COMMUNITY LEADERSHIP FORUM ON **HEROIN** PREVENTION

**According to the
Office of National
Drug Control Policy,
there was a 21
percent increase in
fatal drug overdoses
nationwide from
2006 to 2010.**

Source: "Heroin scourge begs for answers." Chicago Sun-Times. 24 February. 2014: pg 19. Print.

CONGRESSMAN
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Proudly Representing the 14th District of Illinois

COMMUNITY LEADERSHIP FORUM ON **HEROIN** PREVENTION

**Mexican Drug
Cartels have
made Chicago
their Midwestern
hub.**

Source: "Heroin scourge begs for answers." Chicago Sun-Times. 24 February. 2014: pg 19. Print.

CONGRESSMAN
RANDY HULTGREN
Proudly Representing the 14th District of Illinois

COMMUNITY LEADERSHIP FORUM ON HEROIN PREVENTION

**Addiction is not
a choice, it is a
disease.**

Source: Crosby, Denise. "Heroin fight is slowly gaining momentum." Beacon News. 26 February. 2014: pg 2. Print.

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**COMMUNITY
LEADERSHIP
FORUM ON
HEROIN
PREVENTION**

Kane County Coroner's Office confirms 22 heroin overdose deaths in 2013.

Source: Schory, Brenda. "Death spurs group to stay on message." Kane County Chronicle. 19 February. 2014: pg 9. Print.

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COMMUNITY LEADERSHIP FORUM ON HEROIN PREVENTION

**The first time
they use heroin,
they could be
addicted. The
first time they
use heroin, they
could die.**

Source: Miller, Emily McFarlan and Janelle Walker. "The new face of heroin." Chicago Sun-Times. 31 May. 2013: pg 1. ChicagoSun-Times.com. 3 March. 2014.

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RANDY HULTGREN
Proudly Representing the 14th District of Illinois

COMMUNITY LEADERSHIP FORUM ON HEROIN PREVENTION

**You can see
alcohol. You
can smell
marijuana. But
heroin is
different.**

Source: Miller, Emily McFarlan and Janelle Walker. "The new face of heroin." *Chicago Sun-Times*. 31 May. 2013: pg 1. *ChicagoSun-Times.com*. 3 March. 2014.

CONGRESSMAN
RANDY HULTGREN
Proudly Representing the 14th District of Illinois

COMMUNITY LEADERSHIP FORUM ON HEROIN PREVENTION

**In Will County,
since 2007,
175 people
have died of
heroin
overdoses.**

*Source: Savini, Dave. "2 Investigators: Heroin Users
Unwilling To Call For Help For Dying Friends." Chicago CBS
Local. 28 April. 2013: pg 1. Chicago.CBSlocal.com.*

Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover



Preventing Opioid Abuse and Misuse: Developing the Infrastructure

Captain Jeffrey A. Coady, PsyD
Region V Administrator

Substance Abuse Mental Health Services Administration
U.S. Department of Health & Human Services

Community Leadership Forum

on Heroin Prevention
Geneva, IL March 7, 2014





Presentation Overview

- SAMHSA
- Illicit Drugs
- Prescription Drug Abuse
- Strategies
- Resources

SAMHSA's Vision

America is a nation that understands and acts on the knowledge that ...



- Behavioral health is essential to health.
- Prevention works.
- Treatment is effective.
- People recover.

SAMHSA's Strategic Initiative #1: Prevention of Substance Abuse and Mental Illness

Creating communities
where individuals, families,
schools, faith-based
organizations, and
workplaces take action to:

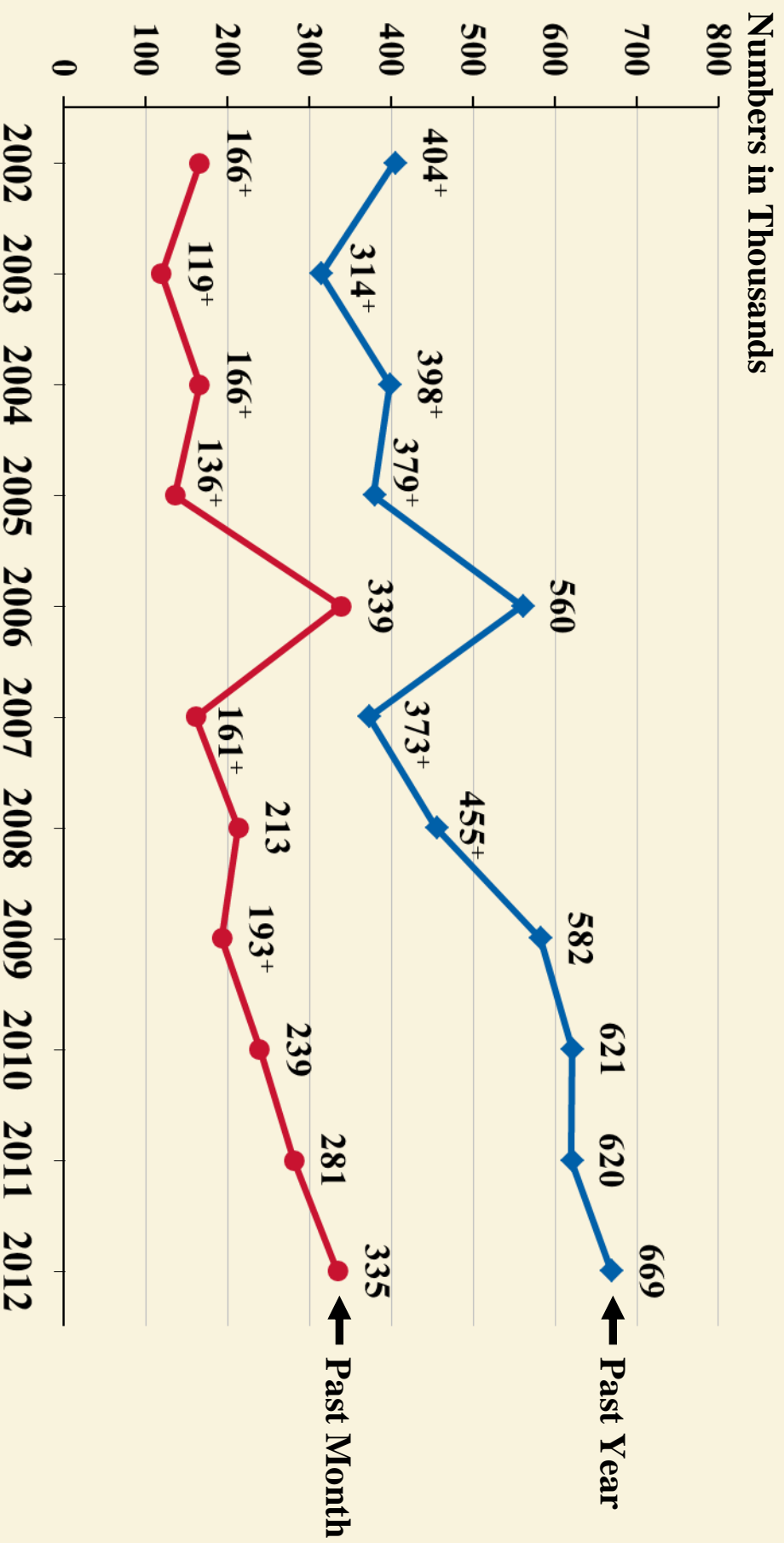
- Promote emotional health
- Reduce the likelihood of mental illness, substance abuse including tobacco, and suicide



Illicit Drug Use

- According to the National Survey on Drug Use and Health (NSDUH), in 2012 -- 23.9 million Americans (12 and older) -- or 9.2 percent -- reported past month use of illicit drugs.
- 335,000 -- or 0.1 percent of the population -- reported past month use of heroin.
- Although the total number reporting heroin use is significantly lower than reported nonmedical use of psychotherapeutics, the numbers have been increasing fairly steadily since 2007 -- both for past month use, as well as past year use.

U.S. Past Month and Past Year Heroin Use among Persons ≥ 12 years old



+ Difference between this estimate and the 2012 estimate is statistically significant at the .05 level.

Heroin Use in the Past Year among Persons Aged 12 or Older

STATE	Past Heroin Use	Percentage
Indiana	9,000	.2
Illinois	41,000	.4
Michigan	21,000	.3
Minnesota	5,000	.1
Ohio	21,000	.2
Wisconsin	6,000	.1

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2006-2010 (Revised March 2012), 2011

Prescription Drug Abuse Affects Everyone

- Prescription medications are among the top substances abused by 12th graders in the past year.
- In 2011, more than 4,500 young people per day abused a prescription drug for the first time.
- All ages are affected.
 - Older Americans
 - 2009: approximately 1 U.S. infant born per hour with signs of drug withdrawal.
 - 55 to 94 percent of neonates exposed to opioids *in utero* experience withdrawal.





Opioid/Heroin Overdoses

- According to the Centers for Disease Control and Prevention, in 2010 there were over 16,000 drug poisoning deaths involving prescription pain relievers and about 3,000 drug poisoning deaths involving heroin.
- Those deaths represent a 21 percent increase in prescription pain reliever deaths between 2006 and 2010, and a 45 percent increase in heroin deaths.

Opioid Overdose Prevention Toolkit

- SAMHSA recently published an Opioid Overdose Toolkit to educate individuals, families, first responders, prescribing providers, and community members about steps to take to prevent opioid overdose and to treat overdoses (including the use of naloxone).
- The toolkit is available for download from the SAMHSA website:

[http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/All-New-Products/SMA13-4742.](http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/All-New-Products/SMA13-4742)

Medication Assisted Treatment: Facts and Myths

- Medication-Assisted Treatment is an evidence-based treatment for opioid addiction; however, it is not a stand-alone treatment choice.
- As part of a holistic evidence-based treatment program that includes behavioral, cognitive, & other recovery-oriented interventions, treatment agreements, urine toxicology screens, and checking of PDMP.
- MAT has proven to be very effective.

New Initiatives

This President's FY 2015 budget proposes two new initiatives to combat prescription drug and abuse:

- The Strategic Prevention Framework RX (SPF Rx) for the prevention of Rx drug misuse and abuse in high priority age groups (including young- and middle-aged adults) through education & prevention (in collaboration with the CDC); and
- The Primary Care and Addiction Services Integration (PCASI) program, which will enable providers to offer a full array of both physical health and substance abuse services clients.

Public Health? Or Social Problem?

14

Public
Health

Health Needs
of People &
Communities

National
Dialogue

Social
Problem

Individual
Blame

Attention to
Symptoms

Insufficient
Response

Strategic Prevention Framework



Sources of Data

- Schools
- EAP
- Telephone Lines
- Treatment Programs
- Courts
- Community Health Centers
- Mortality Reports
- Universities
- Police Department
- Jail
- Hospital
- Faith Based

Developing the Infrastructure: Identifying Needs

- Grass root organizers in the U.S. have identified needs and challenges in their local communities; mobilized resources and constituencies locally, nationally, and globally; and worked in concert with legislatures, law enforcement agencies, prescribers, insurers, and others to address the needs of their families and communities.

Developing the Infrastructure: Collaboration and Partnership

A hallmark of these grass root efforts has been collaborative outreach:

- Pooling resources
- Sharing lessons learned
- Disseminating best practices



- Working with scientists and public health

organizations to generate the scientific data
needed to evaluate and improve OD
prevention and rescue programs

Developing the Infrastructure: Accessing Resources & Programs

GET HELP NOW »

JOIN THE COALITION »

DONATE TO THE CAUSE »

RESOURCES DATABASE

Enter search terms below to find all available resources.

SEARCH

NARROW YOUR SEARCH:

☐

SUBSTANCE ABUSE

☐

TREATMENT CENTERS

☐ OVERDOSE

☐ SUICIDE

FIND AN OVERDOSE PREVENTION PROGRAM

Enter your location to find a overdose program near you

SEARCH

Because programs open and close, change hours, and move please contact the program directly to confirm

OVERDOSE PREVENTION PROGRAMS

IF THERE IS NO OVERDOSE PREVENTION PROGRAM WITHIN 100 MILES OR YOU HAVE QUESTIONS OR COMMENTS, PLEASE CONTACT INFO@HOPEANDRECOVERY.ORG. BECAUSE PROGRAMS OPEN AND CLOSE, CHANGE HOURS, AND MOVE PLEASE CONTACT THE PROGRAM DIRECTLY TO CONFIRM

DRUG OVERDOSE PREVENTION AND

EDUCATION (DOPE) PROJECT

0.6 Miles

San Francisco, CA 94103

[OVERDOSE PREVENTION PROGRAM](#)

SORAYA AZARI, MD

1.8 Miles

San Francisco, CA 94110

[OVERDOSE PREVENTION PROGRAM](#)

POINTS OF DISTRIBUTION

8.1 Miles

Oakland, CA


[OVERDOSE PREVENTION PROGRAM](#)

<http://hopeandrecovery.org/resources/>

Developing the Infrastructure: Establishing Networks



harm reduction
COALITION

Blog

Action Center

About Us

Our Work

Issues

Our Resources

Get Involved

10th National Harm Reduction Conference

date posted 02.08.14

REGISTER NOW!

Registration is now open for the 10th National Harm Reduction Conference.

The conference is shaping up to be our best yet.

[Register now!](#)

**10TH NATIONAL
HARM REDUCTION
CONFERENCE**
OCT 2014 BALTIMORE
**CROSSROADS
& INTERSECTIONS**

DOING TOGETHER WHAT
WE CAN'T DO APART

MORE



Developing the Infrastructure: Distributing Scientific Information

Overdose Prevention Alliance

News and resources to stop drug overdose

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Tuesday, January 7, 2014

PubMed Update November/December 2013

We close out 2013 with an impressive 25 papers in the final two months for a total count of 89 papers. Some interesting new approaches and perspectives, including a paper on the underappreciated role of adulterants, a couple of naltrexone papers, and lots of lay naloxone.

1) [The Whole Is Just the Sum of Its Parts: Limited Polydrug Use Among the "Big Three" Expensive Drugs in the United States.](#)

Caulkins JP, Everingham S, Kilmer B, Midgette G.

Curr Drug Abuse Rev. 2013 Dec 5. [Epub ahead of print]

Comments: Somewhat surprising data suggesting relatively separate markets for heroin, cocaine and methamphetamine.

2) [A systematic review and meta-analysis of naltrexone implants for the treatment of opioid dependence.](#)

Larney S, Gowing L, Mattick RP, Farrell M, Hall W, Degenhardt L.

Drug Alcohol Rev. 2013 Dec 3. doi: 10.1111/dar.12095. [Epub ahead of print]

Comments: A systematic review concluding that the data for naltrexone implants for

Search OPA

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Labels

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- PubMed Update (28)
- Policy (16)
- Prescription opioid (12)
- News (9)
- Supervised Injection Facilities (6)
- Training (5)
- Personal Story (2)

The OPA Editing Team

- Roxanne Saucier
- Dan Bigg
- [unclear]

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Follow Project Lazarus

Full name

Email

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Project Lazarus
@ProlazNC


Non-profit community-based program preventing prescription drug overdoses & the Community Care Chronic Pain Initiative. Experience, data, compassion.

North Carolina · projectlazarus.org

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Have an account? Sign in ►

Tweets

**Project Lazarus** @ProlazNC · Feb 7

jama.jamanetwork.com/article.aspx?a...

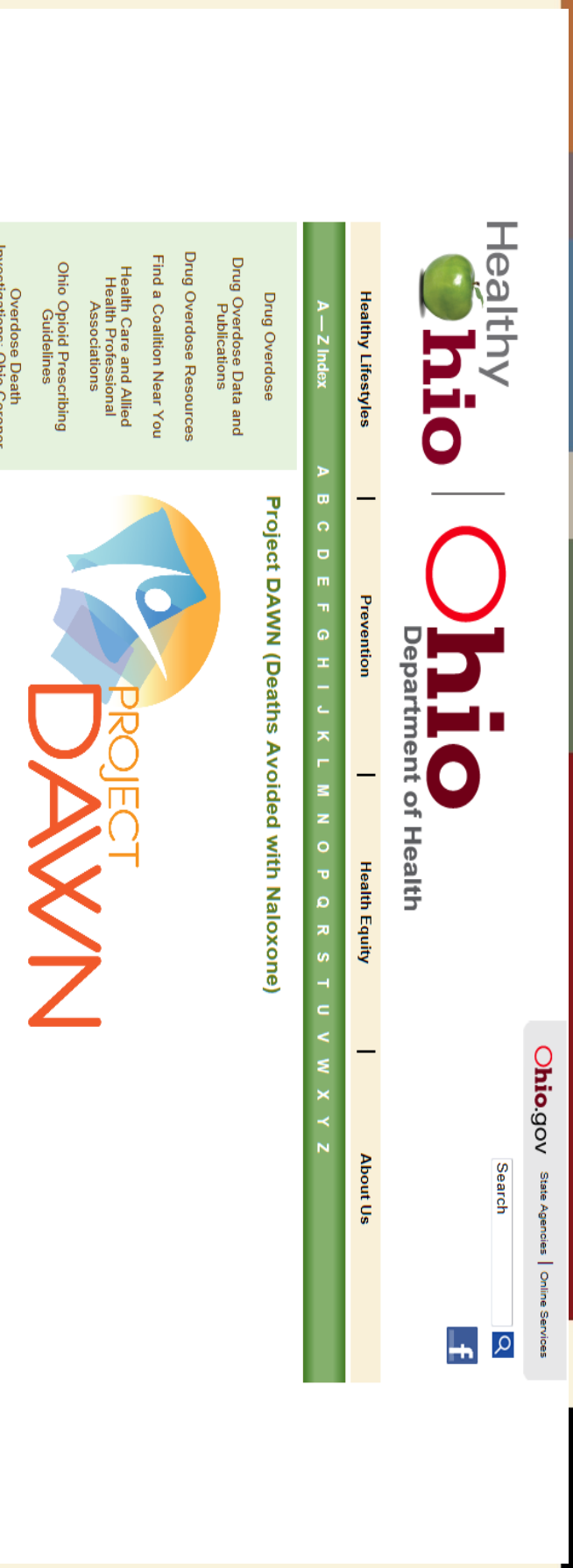
Expand

**Project Lazarus** @ProlazNC · Jan 24

Project Lazarus' Fred Brason II presenting today in Albuquerque at UNM College

Reply Retweet Favorite More

Developing the Infrastructure: Expanding Pilot Programs



→ Currently serves Cuyahoga, Montgomery, and Scioto counties; and the city of Cleveland.

→ ODH has plans to expand to three additional Project DAWN sites.

Questions?

Contact:

SAMHSA Region V

CAPT Jeffrey A. Coady, Psy.D

233 North Michigan Avenue, Suite 200

Chicago, IL 60601

Jeffrey.coady@samhsa.hhs.gov



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Kathleen Kane-Willis

Director

Illinois Consortium on Drug Policy

LEVERAGING PARTNERSHIPS TO ENHANCE HEROIN/OPIOID PREVENTION: THE VALUE OF THE SOCIAL ECOLOGICAL MODEL

Issues, Strategies and Activities

Opiates → Heroin Use

- ❑ Research shows a growing link between opiate pill use and heroin use
 - ❑ Increased availability of prescription pills has fueled current opiate epidemic
 - Controlling availability and prescribing practices reduces diversion and increase pill prices
 - Individuals dependent on pills move to heroin as the cheaper, more available opioid

Source: Unick GJ, Rosenblum D, Mars S, Ciccarone D (2013). Intertwined Epidemics: National Demographic Trends in Hospitalizations for Heroin- and Opioid-Related Overdoses, 1993–2009. *PLoS ONE* 8(2).

SURVEY DATA

Issues, Strategies and Activities

Why survey?

- To understand what activities are occurring across the area
- To build on existing partnerships
- To identify barriers
- To promote a strategic and goal oriented solution to heroin/opioids crisis
- To come up with goals and outcomes that reduce use, mortality, and improve health

Strategic Prevention Framework



1. Assess
problem,
collect data
2. Understand
capacity,
barriers
3. Plan
activities
4. Implement
activities
5. Evaluate
activities

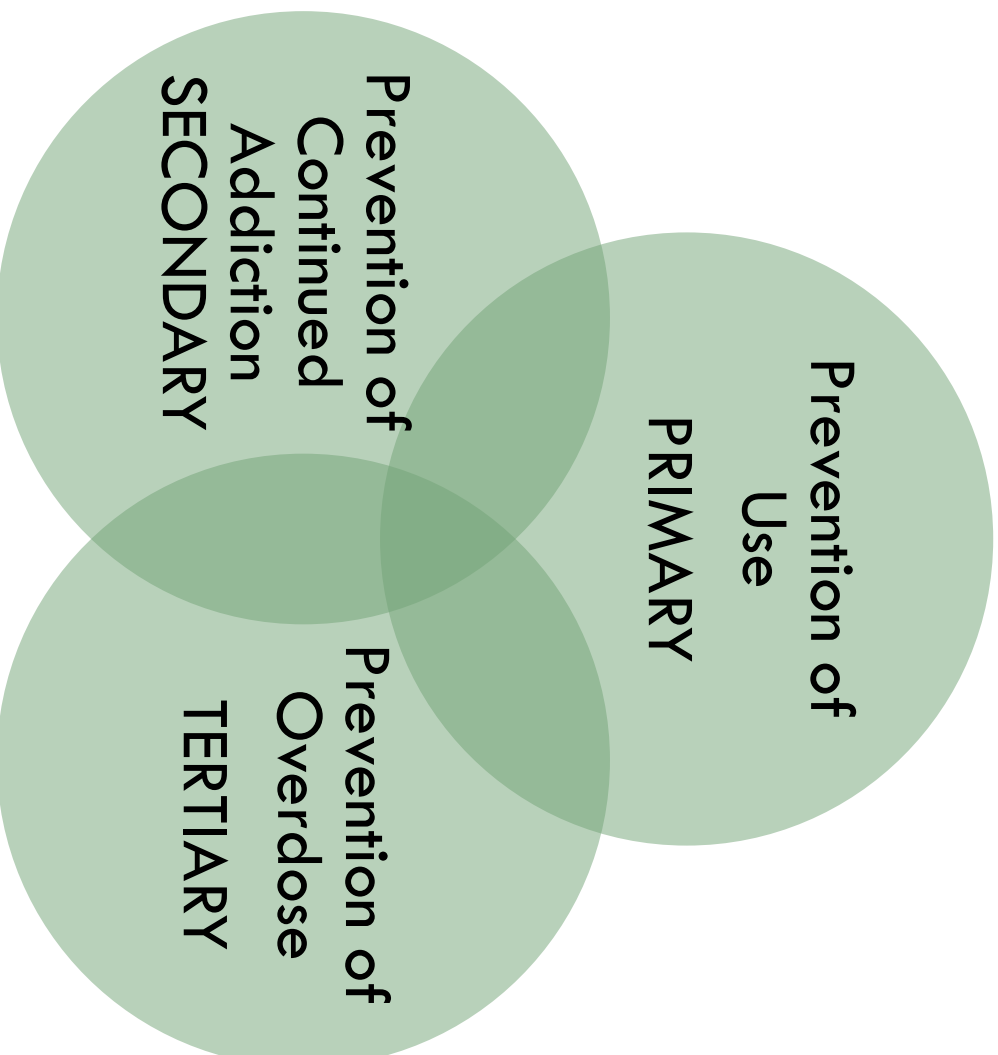
Prevention in the Community: a continuum of activities



=

**COMPREHENSIVE HEROIN/OPIOID PREVENTION
STRATEGY**

THREE COMPONENTS OF PREVENTION



Survey Data: type of prevention activity

- 76% - Primary Prevention
(preventing use)
- 45% - Secondary Prevention
(treatment)
- 38% - Tertiary Prevention
(overdose prevention and risk reduction)

Partnering with Others

❑ 86% of respondents reported partnering. The most common partnerships included:

Police	71%
Substance use treatment providers	63%
Community based organizations	57%
Parents	57%
Coroners	54%
Courts	54%
Elected officials	54%
Schools	51%
Public health departments	51%
People in recovery	49%
Youth/Young adults	46%

Partnering with Others

☐ Least Common Partnerships:

Jails	43%
Doctors	40%
Professional Associations	37%
Outreach workers who assist individuals who use opiates/heroin	37%
Community based health education programs	37%
Hospitals	26%
Emergency Medical Services	20%
Pharmacies	20%
Chambers of commerce/businesses	14%
Other	14%
Syringe exchange providers	0%

Barriers to Partnering

“I find that our community does not work together and come together on projects that would benefit the people in our community when they need it most.”

“Collaboration breaks down because of turf and funding.”

“Lack of buy-in from educational leaders who are afraid to admit that there is a heroin problem in the county.”

Barriers to Partnering

“Resistance from schools”

“Stigma and shame”

“Lack of parental involvement”

“Not having all the players at the table”

Respondents:

Partnerships that would add value

Parents	37%
Chamber of commerce/businesses	33%
Elected Officials	33%
Community based health education programs	33%
Community based organizations	30%
Professional Associations	30%
Outreach workers who assist those who use opiates/heroin	30%
Hospitals	30%
Youth/Young adults	27%
Doctors	27%
Public Health Departments	23%

Respondents:

Partnerships that would add value

Police	20%
Schools	20%
EMT/Emergency medical Services	20%
People in recovery	20%
Pharmacies	17%
Courts	17%
Substance use treatment providers	13%
Other	13%
Coroners	10%
Jails	10%
Syringe exchange providers	7%

Comprehensive Opioid Prevention

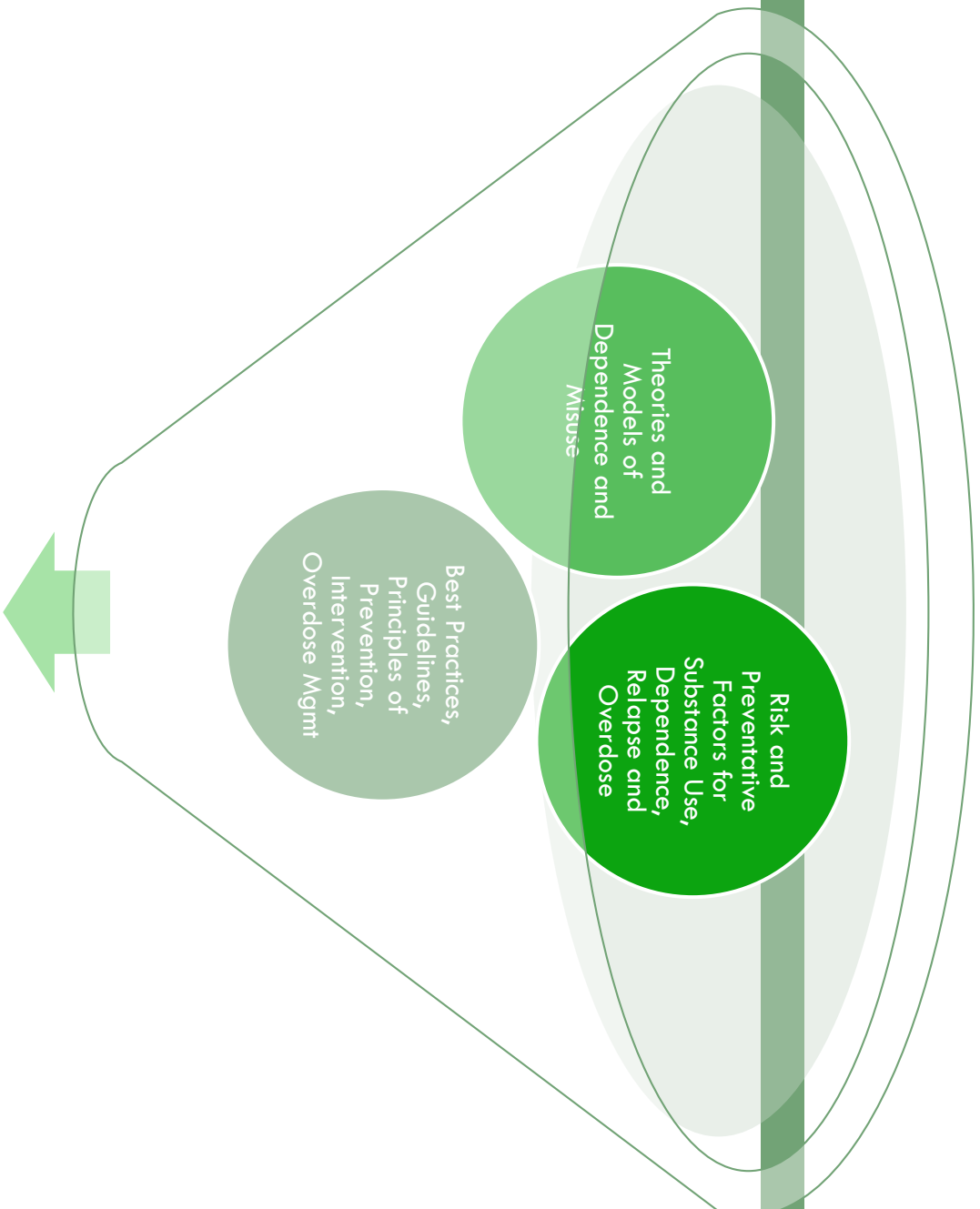
Partners

Police	Medical Services
Schools	Outreach workers
Community based organizations	Syringe exchange
Chambers of commerce	People in recovery
Professional associations	Coroners
Public Health Departments	Hospitals
Parents	Pharmacies
Youth/young adults	Doctors
Substance use treatment providers	Courts
EMT Emergency	Jails
	Elected officials
	Community based health education programs



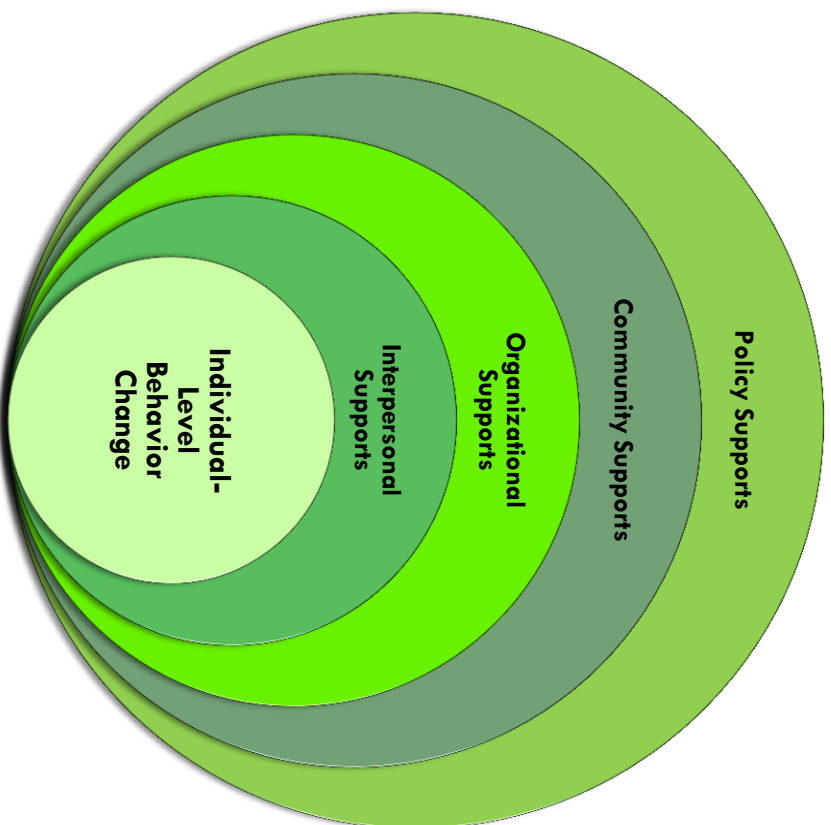
Activities

- ☐ Prevention of Use (PRIMARY)
- ☐ Treatment (SECONDARY)
- ☐ Overdose Prevention (TERTIARY)



Goals/Objectives at the Individual, Interpersonal,
Organizational, Community and Policy Levels

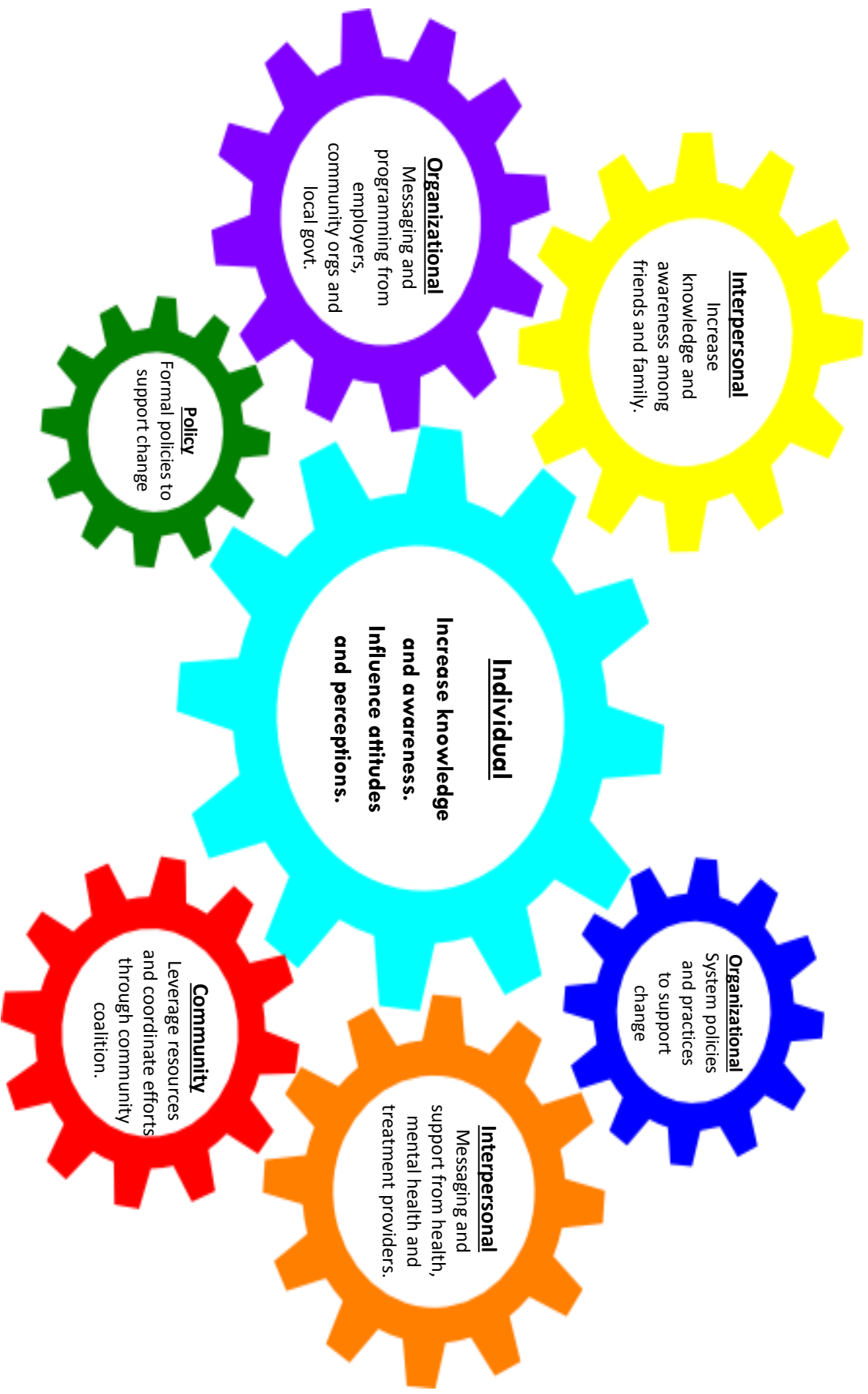
Social Ecological Model



Four Principles of the Social Ecological Model:

- ❑ Interventions to promote and support individual-level behavior change must occur at multiple levels and involve professionals, organizations and institutions in multiple domains.
- ❑ Each level seeks to influence individual-level behavior through complementary activities aimed at a common goal.
- ❑ Efforts that target individuals solely and not the professionals, organizations and systems designed to support these individuals are less effective in sustaining behavior change than multi-level models. Models that focus solely on communities and do not include individual-level education and communication efforts are less motivating than multi-level models.
- ❑ Community-based health promotion models and the activities therein must be tailored to change a specific health behavior. Critical factors involved in the development to continuation of a behavior must be identified to enhance the creation of goals and activities.

INTERVENTION AIMS AT EACH LEVEL OF INFLUENCE



WORK GROUPS:

- **10 minutes:** PRIMARY PREVENTION
- **10 minutes:** SECONDARY PREVENTION
- **10 minutes:** TERTIARY PREVENTION
- **15 minutes:** BRAINSTORMING

What are **the most important and most actionable** next step(s)?



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THANK YOU! Please visit

www.stopoverdose.org

for resources on OD prevention

&

www.roosevelt.edu/icdp

**for research on heroin use, prevention and trending
in Illinois, Indiana and Missouri**

Illinois Consortium on Drug Policy

1. Please list your name and the name of your organization

Text Response

Herbert Brooks, Jr., Speaker of the Will County Board.
 Patrick B. Perez Kane County Sheriff's Office
 Mike Nerheim Lake County State's Attorney
 Jan C. Licht, MA, LCPC, CAADC DuPage County Psychological Services
 Barbara Jeffers Kane County Health Department
 David Kaptain, city of Elgin
 Kendall County Sheriff Richard A. Randall, Kendall County IL.
 Kimberly Groll, LCPC, CADAC, CAMT Achieving Solutions Counseling, Inc.
 thomas a. rudd, m.s., m.d. lake county coroner
 Peter Sterenberg, DuPage County Sheriff's Office.
 michael combs with the McHenry County State's Attorney's Office
 Jim Scarpace, Executive Director, Gateway Foundation Aurora
 Jeffery Metzger - DeKalb County Board.
 Candice L. Yeargin McHenry County Mental Health Board
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 Jake Zimmerman, Kane County Veterans Assistance Commission
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 Michael J. Gilloffo, Forest Preserve District of Kane County/Police Department
 Tim Trotter - DuPage County Board Staff
 Mark Fowler, Northwest Municipal Conference
 Anastasia Tuskey Will County Government (Will County HELPS)
 Samantha Marcum- District Director State Senator Jennifer Bertino-Tarrant
 Richard Jorgensen, MD Coroner, DuPage County
 Josie Lynne Paul Lutheran Social Services of Illinois
 Kenneth A Chiakas SRC - ARC Saving R Chidren an Awarness Recognition Coalition, this will be a non profit organization I am building in the name of my daughter Stephanie R. Chiakas who we lost from an OD on 3-10-13, she is now Forever 17. Stephanie'sAngels.org(Web site in process)
 DuPage County State's Attorney's Office
 Jeff Hunt, Robert Crown Center for Health Education Kris Adzia, Robert Crown Center for Health Education
 Candice L. Yeargin McHenry County Mental Health Board
 Kathleen Burke, PhD Strategic Prevention
 Marmarie J. Kostelny, Presiding Judge, Kane County Drug Rehabilitation Court, 16th Judicial Circuit, Kane County, Illinois
 James Udesen Mchenry County Sheriff Dept
 Joe McMahon, Kane County State's Attorney
 Kane County Regional Office of Education

Statistic	Value
Total Responses	34

2. What geographical areas do you serve?

Text Response

District #8 of Will County, which is over half of Joliet, south end of New Lenox, and a small portion of the Fairmont area of Lockport.

Kane County, Illinois.

Lake County, Illinois

Mainly DuPage County, but sometimes cases come from other counties in Chicago area.

Kane County over 515,000 residents

Elgin

Kendall County is approximately 45 miles south west of the City of Chicago, 18 x 18 miles (324 sq. miles) with a population of about 115,000 (2010 census) with City of Montgomery, Aurora, Plainfield, Joliet & Minooka partly in Kendall Co. and the I-80 corridor in the Southeast corner of Kendall. Three Cities/Villages in the County are Yorkville, Oswego, Plano

Naperville, Illinois Lisle Downers Grove Aurora Wheaton Bolingbrook Batavia Glen Ellyn Sugar Grove

lake county, illinois

The County of DuPage

McHenry County Illinois

All areas of the state.

DeKalb County Illinois.

McHenry County

City of Batavia and the unincorporated area of Batavia.

Kane County, Illinois

Kane County, Illinois

Kane County and the surrounding area including nationally with our website and affiliation with the Partnership at drugfree.org. I live in St. Charles and Hearts of Hope Center is located in Geneva.

Kane County

DuPage County

Northern Cook County and parts of Lake, DuPage, Kane and McHenry

all of Will County

Counties (parts of the following) Will Kendall Townships/Wards (parts/all of the following)

Plainfield Troy Wheatland Oswego DuPage Lockport Joliet Cities (parts/all of the

following) Joliet Plainfield Bolingbrook Romeoville Shorewood Oswego Crest Hill Boulder

Hill Naperville Montgomery Aurora Channahon

The Robert Crown Center for Health Education services an 8-county area in the Chicago region.

DuPage County

Kane, Dupage, McHenry, Cook, Lake, DeKalb, and Will Counties

Illinois but our website will be nationwide.

DuPage County

8 Illinois counties plus the city of Chicago

McHenry County

National

Kane County, Illinois




Mchenry County

Kane County, Illinois

Kane County

Statistic	Value
Total Responses	35

3. What work are you doing around heroin/opiate crisis?

#	Answer		Response	%
1	Primary prevention - focuses on preventing the initiation of substance use or delaying the age of first use (e.g. may include educational forums, school based programs, community based programs)		22	76%
2	Secondary prevention – substance abuse treatment (includes inpatient, outpatient, support groups, medication assisted therapies etc.)		13	45%
3	Tertiary prevention – activities aimed at lowering the harm such as overdose prevention (naloxone/Narcan distribution) and/or outreach to those who might be actively using opiates/heroin		11	38%

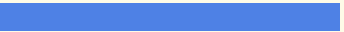










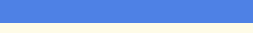



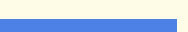
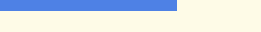




Statistic	Value
Min Value	1
Max Value	3
Total Responses	29

4. Have you partnered with other organizations, governmental organizations, providers or others?

#	Answer		Response	%
1	Yes	<div><div></div></div>	31	86%
2	No	<div><div></div></div>	5	14%
	Total		36	100%

Statistic	Value
Min Value	1
Max Value	2
Mean	1.14
Variance	0.12
Standard Deviation	0.35
Total Responses	36

5. Who are you partnering with now to add value to your organization's efforts to the opiate heroin crisis?

#	Answer		Response	%
1	Police		25	71%
2	Schools		18	51%
3	Community based organizations		20	57%
4	Chambers of commerce/businesses		5	14%
5	Professional Associations		13	37%
6	Public health departments		18	51%
7	Youth/Young adults		16	46%
8	Parents		20	57%
9	Substance use treatment providers		22	63%
10	EMT/ Emergency Medical Services		7	20%
11	Outreach workers who assist individuals who use opiates/heroin		13	37%
12	Syringe exchange providers		0	0%
13	People in recovery		17	49%
14	Coroners		19	54%
15	Hospitals		9	26%
16	Pharmacies		7	20%
17	Doctors		14	40%
18	Courts		19	54%
19	Jails		15	43%
20	Elected officials		19	54%
21	Community based health education programs		13	37%
22	Other		5	14%

Statistic	Value
Min Value	1
Max Value	22
Total Responses	35

6. If you checked other please describe the partner here.

Text Response

I host bi-weekly intervention groups at my office and that partnership is with a non-for-profit agency in Joliet.

Mothers who have lost their children to drug overdoses and family members

Private and public funders including grants from family and community foundations and government entities.

I am a member of the McHenry County Sheriff H.E.A.T. Task Force, the only Public figure on the force and plan to partner or use their support to build my organization to spread awareness.

Federal Grants from SAMHSA

Kane County Juvenile Drug Court, Renz and Breaking Free

Statistic	Value
Total Responses	6

7. If you have community partners , please list the names and organizations of all partnerships pertaining to the opiate/heroin problem) in your area.

Text Response

Stepping Stones of Joliet is the only one I work with.

Hearts of Hope Geneva, Illinois

Renz Addiction Center

Gateway Naperville Police Department

lake county illinois states attorney office; LEADS, law enforcement agencies

Illinois State Police, DuPage County Chiefs of Police.

All local hospitals and police departments. Community mental health centers as well as local EAP's medical groups and physician offices

Drug Free

Kane County Schools DuPage County Coroner Various Police Agencies

United States Department of Veterans Affairs Hines VA Medical Center, United States

Department of Veterans Affairs Vet Center (Aurora), Hope for Tomorrow, Kane County Court System, various veterans posts in Kane County.

Kane County Sheriff's Office, OD Awareness,

Recognizing the seriousness of heroin use in our community, DuPage Coalition Against Heroin was formed to raise awareness and educate the public about this growing problem. We firmly believe that prevention through education is the key to saving our children and our community. Founding members of the DuPage Coalition Against Heroin include the DuPage County Board, County Board Chairman Dan Cronin, State's Attorney Robert Berlin, Coroner Rich Jorgensen, Regional Superintendent Dr. Darlene Ruscitti, Sheriff John Zaruba, Public Defender Jeff York, DuPage County Health Department and DuPage County Chiefs of Police Association.

Stepping Stones, HERO, Strategic Prevention, Robert Crown Center for Health Education

Kris, I would list all partners in all the counties including funders (City of Naperville, Topfer, IDHS, etc.)

Too many to list.

Kane, DuPage, Dekalb, and McHenry County Drug Courts and Probation Departments Illinois DCFS and affiliated POS Agencies Ecker Center Community Crisis Center Sherman Hospital Elgin St Joseph Hospital Elgin Alexian Brothers Hospital Hoffman Estates

Toper Family Foundation DuPage Medical Group DuPage Community Foundation Healthcare Foundation of Highland Park Cardinal Health Foundation (opiates) AMA Foundation (opiates)

City of Naperville Reckitt Benckiser Pharmaceuticals Illinois Department of Human Services

Hruby Family Foundation DuPage County Health Department DuPage County HERO Will

County HELPS Lake County Heroin Task Force Our pilot schools (11 total) in 4 Chicago-area

counties Illinois School Health Association (ISHA) Rush University Medical Center

Heroin Enforcement/Education Taskforce; Substance Abuse Coalition; Drug Free Community

Grant; Regional Office of Education; Rosecrance Treatment Center, McHenry County;

Gateway; Specialty Courts- Drug Court; parents; schools; Leadership of Greater McHenry

County; Family Violence Coordinating Council

County Board of Kane County, Sheriff of Kane County, Police departments in Kane county,

Renz Center, LSSI, Serenity House, Gateway, About Change, TA (Transitional Alternatives)

Chris' Walk.

HEAT

The Circuit Court of Kane County has a Drug Court to work with defendants who have been charged with crimes that are motivated by addictions or directly related to addictions to illegal drugs. The Kane County State's Attorneys Office also has a diversion program for first time

offenders who participate and successfully complete treatment programs and other accountability conditions. Upon successful completion diversion participants can avoid a felony conviction as part of restorative justice efforts.

Kane County Juvenile Drug Court

Statistic	Value
Total Responses	22

8. Which partnerships have been the most effective? Why?

Text Response

Stepping Stones works well with us because I like the privacy and independence.

Hearts of Hope, because they provide assistance to detainees in our jail and assist our agency in educating parents and students in our communities. They also provided training to our deputies to administer Narcan to overdose victims.

Other treatment facilities who might help our clients who need a higher level of care, or medications to help with heroin issues. We are non-medical facility so having medically based treatment readily available for clients who relapse is key.

We are in the beginning stages of developing partners to address this issue. We have not formalized the partnership as of yet, therefore it is not all inclusive.

Renz Center and the gang and Drug Task Force. They have drilled down to some of the core issues and problems relating to heroin use.

Juvenile Justice Council led by Kendall County States Atty's Office. Bringing together and supporting youth leaders from schools within the County, determining from them what the critical issues are and sharing information.

I did a few presentations with the Naperville Police Department however, I was informed they no longer could support my efforts due to me being in private practice. This was confusing to me especially after drawing over 500 people to a presentation we did together on heroin awareness in the Naperville area. I find that our community does not work together and come together on projects that would benefit the people in our community when they need it most. I would like to discuss this more in the meeting as I feel this is very unfortunate and needs to be addressed.

The most effective has been Gateway. Due to taking matters into my own hands with wanting to continue to educate and bring awareness to the heroin epidemic, I had to put together and organize all future events I participated in, and Gateway was always willing to assist.

states attorney office because it has formed a committee that meets monthly to discuss issues around drug abuse and actions

At this juncture continued partnerships with hospitals, emergency rooms and physicians and medical groups are the most helpful in that working together we can identify clients that need treatment and link them to services immediately at Gateway.

Unknown at this time-We have had a reduction in deaths, but not sure if it was due to our efforts or an some other factor

Partnerships with Social Workers at the VA. They understand the unique needs of our veterans and are eager to help.

Any partnerships that collaborate and share ideas and solutions as a team or in unity will always be effective. I have gained so much for all these relationships. It is amazing what a bunch of committed and compassionate people can do! What has caused more harm than anything else in the Heroin/Opiate problem has been silence, stigma, denial and complacency. Sadly since Hearts of Hope began alerting the public to this horrific epidemic back in 1998 through the present most were not listening or even concerned. I am deeply grateful that so many now are facing this problem head on and tackling it together. We can change this as a community.

We are still in the planning stage for NARCAN training and distribution to first responders/police. Also working with Kane County Chiefs of Police, Sheriff, and States Attorney.

All of them -- helped expand our resource base and promotional efforts

Robert Crown Center Will County Executive Larry Walsh's office Will County Health Dept. Will County Drug Court

In my opinion, every partnership is important, as addiction reaches in such a wide net that no small number of partnerships can effectively work to serve all who are affected.

Our pilot schools have been wonderful partners in using our program and participating in evaluation. Our partnerships with foundations have helped support this effort. Our partnerships

with coalition groups in which many sectors are represented have been beneficial to raising awareness across many communities of this issue and the importance of education..

All of them. We believe in a System of Care and collaboration between service providers and all of the stakeholders.

The Kane County Board has been extremely supportive of our Drug Rehabilitation Court and has made certain that funding is available for our program. Our relationship with treatment providers has been effective for making certain that individuals in drug court receive the appropriate level of care. Our relationship with policing agencies has been helpful in assisting us to identify our target population for drug court. Community groups have helped in providing for the ancillary needs of our participants.

The most effective partnerships combine education and accountability. Specialized treatment courts can respond to relapses and positive drug tests much more quickly than traditional courts. The high level level of monitoring and frequency of drug testing compared to traditional probation allows us to identify relapses much quickly and address the violation with sanctions and additional treatment when each is appropriate.

Statistic	Value
Total Responses	20

9. Have there been issues, aside from funding, that have stalled your efforts?

Text Response

Not really, the group here funds themselves, and I provide many free services to them.

Lack of parental involvement.

Yes, there are often no beds available for our clients, who are mainly indigent.

We must analyze the data to determine the extent of the issue in our community.

Denial that the problem exists at all economic levels.

Yes, the public schools would not allow us into their schools when we started this work 3 years ago. In part the schools were in denial with not wanting to draw attention to the reputation of the school and location being Naperville. I turned to the DuPage Child abuse coalition in which I am a member, and we organized the event that drew over 500 people to the heroin forum held at the public Library. We also did a follow-up presentation and went to a local church which supported the event and allowed us the space we needed. After the Library presentation I gathered the evaluations the parents filled out and met with the Superintendent of District 204 and showed her that people wanted to hear more and wanted this in the schools. I was informed that I could not be involved due to them having their own counselors in the school to present. However, the one important thing lacking at the time...none of the school social workers are trained and certified in substance abuse and addiction.

Hire more law enforcement and provide more publicly financed counseling.

No

Insurance companies need to be educated and mandated to provide appropriate treatment access to clients with addiction and co-occurring disorder issues.

Time

No.

Funding is always an issue. Again as I mentioned earlier.....denial, stigma, and shame. It is very important for us to respect the confidentiality of those in recovery due to stigma, getting jobs, felony records etc. While being anonymous can be necessary it has also held us all back in the field because no one was telling their stories. It was in secret or in private meetings and if we don't talk about it or ask for something we do not receive. It is that simple. Even the parents I work with are hesitant to join in marches or to publically share their stories out in the community for fear of being judged. While I understand it also frustrates me to death for how do we get better treatment, more funding, more research and medicine if no one is speaking out????? Trust that I know there are thousands and thousands of families suffering in silence. This is our national tragedy.

Not really

No

awareness instructional time to allocate to program with so many other mandates effective strategies to reach parents

Lack of buying and from educational leaders who are afraid to admit that there is a heroin problem in du page county. The same for many people in the public in general

At times, we have difficulty getting the word out that treatment is available and works so we do not get

There has been some resistance from the schools to integrate heroin/opiate education into their curriculum.

A barrier to our efforts has been the lack of understanding in the community of heroin and prescription pain pills as an issue and the stigma of this type of proactive primary prevention education in our schools.

Not really. We do sometimes struggle with getting the average community member to recognize

the issues. Unless they have had a direct contact or have been somehow involved with this epidemic, they sometimes believe that it doesn't exist. At least not in their neighborhood.

Collaboration breaks down because of turf and funding. I've also seen other agencies resent the emphasis on heroin and not marijuana

There are no halfway houses located in Kane County. Often our participants are discharged from treatment with a recommendation for a halfway house. Often, the waiting period for a halfway house is ten or more weeks. This presents a significant disruption in the continuum of care necessary for successful recovery. Additionally, many participants have co-occurring disorders and are unable to afford the treatment necessary for their mental health issues.

NO

The criminal justice system is by design an adversarial process. Addressing drug addictions through the criminal justice system requires a more collaborative process and the roles of the prosecutor, defense, probation and the judiciary differ from their roles in a traditional courtroom. The addictive force of heroin is so strong that it is difficult to counter the treatment and use prevention efforts.

Statistic	Value
Total Responses	24

10. Aside from funding, what do you think you would need to leverage your efforts to expand them more fully?

Text Response

The group that meets here is self sufficient and not sure how to answer this.

More engagement from the parents in our community. As we have experienced, heroin addicts come from all socioeconomic backgrounds, nobody is exempt.

Perhaps, the Affordable Care Act and clients getting insured, might help. There also are not enough medically based programs in DuPage County to serve our clients.

Community collaboration is a must if we are to successfully address this issue. That would lead to interventions that everyone supports and subscribes to.

Expanded efforts in education and outreach. We need to expose the data we have that shows the impact of heroin addiction on crimes such as shoplifting and burglary.

More parent involvement.

none

Community education to reduce stigma in order to allow individuals to fully access treatment as needed.

Cooperation with other entities to leverage time

Only funding.

More devoted volunteers, more community support....we used to be pretty much an island out there flowing all alone for many years! But we never stopped working because kids were dying. Funding to expand our efforts continues to be our greatest challenge.

Community Leadership

Addition of web-based programming and social media to increase reach and access and to maintain outcomes over time.

Increased acceptance and understanding by the general public and the leaders in du page county

Additional working agreements with local hospitals or community organizations.

- Process to identify and communicate efficiently and effectively with decision makers in schools.
- Increased technology capacity/infrastructure internally to widely deliver programming as well as experts to guide us through the challenges and opportunities of increasing capacity as we scale up
- Increased partnerships with county public health departments

More acceptance and understanding of the just how big the problem is and how it is going to take a concerted effort on everyone's part to take down this evil. The general public thinks of heroin users as a junkie in an alley passed out with a needle in their arm. They don't realize that it could very easily be the next door neighbor or their child's best friend. Or even their child. It knows no social boundaries and has no political ties or agendas!

One key person managing the collaborations so they remain active and involved. Political activism and lobbying to create policy change Media support of more than just the headlines Public awareness about how deadly heroin is and how easy it is for all people from all socio-economic classes to purchase heroin. The prevalence of heroin in communities throughout suburban Chicago area.

Statistic	Value
Total Responses	20

11. In your area, who do you believe is doing the most effective work around the opiate/heroin crisis?

Text Response

States Atty. Jim Glasgow have a very aggressive program in Will County and do a great work! Lea Minalga and her group, Hearts of Hope. They have been relentless in their effort,s and are parents of heroin addicts. They live with the pain that goes with having a child who is an addict. I am not sure, as it seems many different organizations are finally on board with this issue, but it seems there is little consistency, communication, or continuity between all the entities involved. Treatment agencies do what they can, schools are trying to educate, and communities are trying to break through the denial that there is a problem.

Currently the hospitals, behavioral health and the police are the primary.

Police in enforcement and Renz in counseling assistance.

Education

The parents who lost their child to a drug overdose. It all started in my community this way when a parent asked a reporter who contacted me as an addiction counselor and asked to meet. It was this parent that stated, "Nobody is doing anything about this and nobody wants to talk about it." I took it upon myself to put a power point together and pound the pavement looking for venues to let me speak out and bring awareness to the heroin issue three years ago. I hear the heartfelt cries and pain that come from parents and over the course of 3 years we have come along way but not far enough. Now, I feel there is more involvement and I feel the police departments, other agencies, and even the schools have stepped up. states attorney office.

Our organization and Robert Crown Center was very actively involved in the Heroin prevention initiative.

Unknown

Unknown.

Now there are groups forming everywhere and this is building up the forces of strength in the battle. So many children have died or been negatively affected by addiction as are their families that I guess they had enough and cried out for help. Kane County Sheriff's office does a lot of good here. The media has been incredibly effective with so much press on this subject, they are the unsung heroes. And there are many people behind the scenes working quietly.

Drug Court, community programs, Hearts of Hope curbing the demand! Working with kids and parents.

In Will County, we recognized a 34 percent reduction in heroin overdose deaths which we attribute to our community forums and the implementation of the Robert Crown heroin prevention initiative in several Will County schools.

Will County HELPS & HERO

Will County - overall community health approach that includes mutiple partners working toward common goal.

There are many people who are working very effectively in the series

Kane and DuPage Drug Courts

Parents that have lost their loved ones are doing a great job at Speaking out and spreading awarness, we want to work together with State and Local authorities, also would like to start have events at all Junior and High Schools.

Our schools. The reason is they have the most contact with our youth.

Will County HELPS has been doing great work because of their holistic community health approach with so many partners working together.

I think that the groups I mentioned up above are doing the best they know how with what we have right now. I think we will only do better when we can educate the community, get the top of



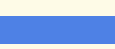
















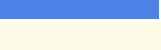
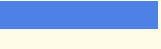

the heap distributors off the street and stop providing a market for the dealers. It's easy to score out here in the suburbs. It's cheap, and it's 80% pure. Any drug will prevail if it is available, has a low cost, and the perception of harm is low it will be readily available.

Police Chief Associations County coroners Support groups like Lali4life and Wake the Nation
Involvement of legislators

HEAT

Statistic	Value
Total Responses	25

12. Which partnerships do you not have now that you think would add value to your existing efforts?

#	Answer		Response	%
1	Police		6	20%
2	Schools		6	20%
3	community based organizations		9	30%
4	Chamber of commerce/businesses		10	33%
5	Professional Associations		9	30%
6	Public Health Departments		7	23%
7	Parents		11	37%
8	Youth/Young adults		8	27%
9	Substance use treatment providers		4	13%
10	EMT/Emergency medical Services		6	20%
11	Outreach workers who assist those who use opiates/heroin		9	30%
12	Syringe exchange providers		2	7%
13	People in recovery		6	20%
14	Coroners		3	10%
15	Hospitals		9	30%
16	Pharmacies		5	17%
17	Doctors		8	27%
18	Courts		5	17%
19	Jails		3	10%
20	Elected Officials		10	33%
21	Community based health education programs		10	33%
22	Other		4	13%

Statistic	Value
Min Value	1
Max Value	22
Total Responses	30

13. If you checked other please describe the partner here.

Text Response

Behavioral Health and Mental health partners.

More support and acknowledgement.

I would like to see a court imposed program that forces gateway drug users to tour the coroner's office

Other: We would welcome technology partners that would help us expand the reach and access to our primary prevention program.

We would like to have technology and business/corporate partners in addition to the ones we have now.

Statistic	Value
Total Responses	5

14. What activities would you LIKE to do if you could do them?

Text Response

Provide more awareness materials, speakers, and helps they can afford!

I am already engaged in educating our community and have the ability to administer Narcan if the situation arises.

Find a solution to help heroin users access treatment on all levels - outpatient, inpatient, medically managed suboxone, naltrexone, etc. - in a timely manner.

the Narcan program along with creating prevention strategies for the most vulnerable populations.

Leader advocates are important to exposing the economic impact heroin addiction has on a community.

Education of the dangerous results in addiction of any substance that leads to poor decisions with tragic consequences.

I would like to speak publicly and bring awareness to parents on addressing issues early on.

This is why I wrote my book. After doing so many heroin presentations, I realized it is what we are NOT talking about that needs to be addressed the most. We need to talk about how these young adolescents are making decisions which are leading to self-destructive behavior. We need to focus on how youth is going from point A to point B. We need to address the coping mechanisms and defense mechanisms these adolescents are using to cope with their realities. We need to educate the parents on what the (cognitive distortions) look like, and how their child may be suffering inside and reacting. Parents need to address behaviors and emotions early on and get these under control before they get out of control. All we are doing now is educating on heroin and letting the parents know this bad and bringing awareness to the signs and symptoms of drug use. What led to the drug use? How did that person get point B? What underlying issues were ignored? This is what I strive to get out there and discuss. I want to help with bringing awareness to others who are struggling silently or whose cries have been ignored due to parents not knowing what to look for or unaware of how to get help if in need.

n/a

More outreach and education to insurance companies to provide appropriate levels of treatment to insured clients.

I would like to pair with specific agencies/professional groups to assist in helping to utilize their \$ to provide (always money) but also their time to maybe do some mentoring. So many of these children would benefit from 1-1 mentoring. Someone to spend time with them (and sometimes not even with money) just to be the one constant caring individual in this kid's life. A positive influence to counteract much of the negative that goes on in theirs.

A coroner's visitation program

Have a VA social worker on site to assist veterans.

Continue doing what Hearts of Hope does on a larger scale by offering more support and education to the public and by helping families and individuals who are struggling with counseling, etc. Treatment needs to be more affordable and accessible.

We are working with the Kane County Chiefs, Kane County Health Department, Sheriff, State Attorney, and Coroner to put together a training program for NARCAN and to obtain and distribute doses to police responders.

In school strategies and with parents

Provide information to our member elected officials

Our focus now is expanding the heroin prevention initiative into all schools in Will County and exploring the possible initiation of a Narcan distribution program with law enforcement agencies in the county.

State Senator Bertino-Tarrant feels in order for outreach/prevention events, which target the youth and young adults, to be successful young adults with first hand experience need to be involved. The impact on school aged students is more significant if the material is presented by their peers. Young adults or teens who have struggled with heroin, whether through their own addiction or having seen friends head down that road, are more relatable.

Technology?

Expand residential options for those attempting to recover from addictions.

Anything I can possibly do to help, my mission is to spread awareness on Heroin and Opiate overdoses, I will share my real life experiences from a Father who lost their 17 year old daughter that was just an average everyday great Honor Role student. I want to inform the public on the signs and tools they can use to prevent their child from having an OD, if I can save just one life, it will make me feel like I am helping out in a huge way.

Legislation or education of physicians relating to the prescribing of excessive amounts of opiate pain medication.

We would like to strengthen our web-based program and presence and add social media aspects that would allow use to expand our reach, increase access to substance abuse prevention, improve strategies to reach parents, and maintain outcomes over a longer period of time through peer support, etc.

More community forums. Bring in big names. get the people in the door.

Talk with kids in schools about the seriousness of heroin and to educate families that heroin is in our community

Statistic	Value
Total Responses	25

[illegible]

PREVENTION

MARCH 7 | 1:00-3:30PM
KANE COUNTY GOVERNMENT CENTER | GENEVA, IL

WELCOME



Thank you for joining me today for the Community Leadership Forum on Heroin Prevention. I want to thank all of our experts – from teachers and police officers, treatment facilities and mayors, parents and advocates, judges and health professionals, churches and government officials, families and schools—all of which experience daily the toll heroin and opioid abuse is taking on our communities. That toll cannot be overestimated, and we must face this serious problem head-on. I believe the real solution to tackling heroin abuse must come from within our communities.

This forum is an opportunity to come together as a community and for those involved on all sides of the issue to work out a way forward, to assess the needs of our community and build up our capacities to fight this epidemic.

My goal here is to create a collaborative environment where key partners and participating agencies can share information, discuss concerns and recommend strategic initiatives that leadership can implement to combat the heroin epidemic in our communities. We want to establish a prevention framework—one that looks at outcomes and focuses on how to get there. We need a multidisciplinary, community-based approach if we are to eradicate heroin abuse in our region. Together we need to find out what is working, what needs improvement and how our combined resources can be a force multiplier in fighting this threat.

Thank you for all of the work you do for our community and thank you for being here today.

A handwritten signature in black ink that reads "Randy Hultgren".

Randy Hultgren
U.S. House of Representatives

AGENDA

1:00pm - 1:15pm	Welcome – Congressman Randy Hultgren (IL-14)
1:15pm - 1:20pm	Welcome – Chris Lauzen , Chairman, Kane County Board
1:20pm - 1:45pm	“Preventing Opioid Abuse and Misuse:Developing the Infrastructure” – Captain Jeffrey Coady, Psy.D. , Substance Abuse and Mental Health Services, Regional Administrator, Region V
1:45pm - 2:00pm	“Leveraging Partnerships to Enhance Heroin Prevention: The Value of the Social Ecological Model” – Kathie Kane-Willis , Director of the Illinois Consortium on Drug Policy-Roosevelt University
2:00pm - 2:45pm	Table Discussions
2:45pm - 3:30pm	Moderated Discussion and Report to Whole
3:25pm - 3:30pm	Closing Remarks and Next Steps -- Congressman Randy Hultgren (IL-14)

KEYNOTE SPEAKER

Captain Jeffrey Coady, Psy.D., *Regional Administrator,*
Substance Abuse and Mental Health Services (SAMHSA)



Captain Jeffrey Coady, Psy.D., ABPP serves as SAMHSA Regional Administrator, overseeing HHS Region V, which includes Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin. In addition, he is a commissioned officer in the U. S. Public Health Service (USPHS).

In this role, he aims at reducing the impact of mental illness and substance abuse on America's communities. Dr. Coady provides consultation to regional healthcare stakeholders on policy, financing, and innovations to advance behavioral health prevention, treatment and recovery.

Dr. Coady was appointed by the U.S. Surgeon General to serve on the Uniformed Services Behavioral Health Disaster Response workgroup, and has conducted presentations on disaster preparedness and response to federal, and international emergency management personnel. He has also been published multiple times on disaster behavioral health leadership.

During his federal career, Dr. Coady has provided national leadership in developing and implementing behavioral health programs and systems of care for underserved populations. He also served as a central role in conceptualizing, developing, and training federal mental health disaster response teams within the USPHS and served as the Team Leader for Mental Health Disaster Response Team-2.

MODERATOR

Kathie Kane-Willis, *Director*
Illinois Consortium on Drug Policy-Roosevelt University



Kathie Kane-Willis is the co-founder and director of the Illinois Consortium on Drug Policy, a research institute housed at Roosevelt University. Additionally, Kathie is an adjunct faculty member at Roosevelt University, Alder School of Professional Psychology and serves as co-chair on the Illinois Advisory Council on Alcoholism and Other Drug Dependency.

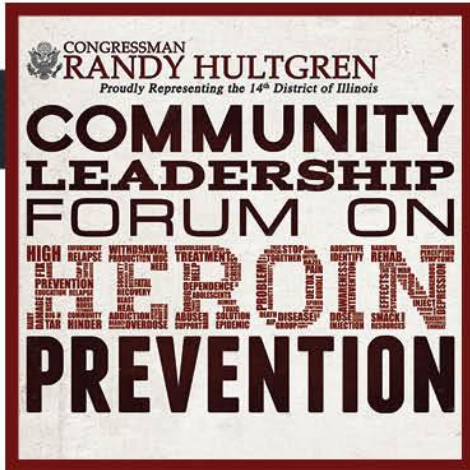
Kane-Willis is well recognized as one of Illinois's foremost drug policy experts and is frequently asked to provide testimony for the Illinois General Assembly; as with both regional and national media outlets. She has studied the rise of heroin and other opioids for the past decade. She has managed over 20 research projects and authorized dozens of reports. Through her hard work and dedication, she has received numerous awards for her research and advocacy work on behalf on individuals with substance use disorders.



CONGRESSMAN
RANDY HULTGREN
Proudly Representing the 14th District of Illinois

Thank you to all of our experts for participating in today's forum.

Kris Adzia, Education Programming Manager, Robert Crown Center
Robert Berlin, State's Attorney, DuPage County
Lou Bianchi, State's Attorney, McHenry County
Herbert Brooks, Speaker of the Board, Will County
Kathleen Burke, President and Owner, Strategic Prevention
Kenneth Chiakas
Michael Combs, Chief of the Criminal Division, McHenry County State's Attorney
Tim Creighton, Deputy Sheriff, McHenry County Sheriff's Department
Pat Dal Santo, Regional Superintendent, Kane County
Randy Deicke, Area 3 Representative, Batavia Fire Department and IFCA
Mark Fowler, Executive Director, Northwest Municipal Conference
Rodrigo Garcia, Assistant Director, Illinois Department of Veterans Affairs
Mike Gilloffe, Chief of Police, Forest Preserve District of Kane County
Kimberly Groll, President and Owner, Achieving Solutions Counseling
Monique Harms, Region 1 Field Supervisor, Crime Scene Services Command,
Garret Hill, Legislative Assistant, State Representative Barb Wheeler, 64th District
Tina Hill, Chairwoman, McHenry County Board
Jeff Hunt, Interim Executive Director, Robert Crown Center
Michael Iwanicki, Superintendent, McHenry County Veteran's Assistance Commission
Barb Jeffers, Executive Director, Kane County Health Department
Richard Jorgensen, Coroner, DuPage County
Allison Johnsen, Behavioral Health Specialist, Cadence Health
Jeff Johnson D.O., Medical Director, Cadence Health Addiction Services
David Kaptain, Mayor, City of Elgin
The Honorable Marmarie Kostelny, Associate Judge, 16th Judicial Circuit
Jerry Krawczyk, Deputy Chief, Village of South Elgin
Chris Lauzen, Chairman, Kane County Board
Jan Licht, Principal and Clinician, DuPage County Psychological Services
Anne Majewski, Coroner, McHenry County
Samantha Marcum, District Director, State Senator Jennifer Bertino-Tarrant, 49th District
Joe McMahon, State's Attorney, Kane County
Jeffrey Metzger, Chairman, DeKalb County Board
Lea Minalga, President and Founder, Hearts of Hope
Donna Moulton, Executive Director, DeKalb County Health Facility
Mike Muraski, Sergeant, McHenry County Sheriff's Department
Michael Nerheim, State's Attorney, Lake County
Vilmarie Narloch, Adjunct Faculty, Roosevelt University
Josie Paul, Program Director, Illinois Lutheran Addiction Services
Pat Perez, Sheriff, Kane County
Orlando Portillo, Chief Deputy Coroner, Lake County
Jim Popovitz, Lieutenant, McHenry County Sheriff's Office
Richard Randall, Sheriff, Kendall County
Thomas Rudd, Coroner, Lake County
Rob Russell, Coroner, Kane County
Jim Scarpace, Executive Director, Gateway Foundation Aurora
Tim Trotter, Manager of Strategic Planning, DuPage County
Anastasia Tuskey, Communications Director, Will County HELPS
Jim Udesen, HEAT Team Member, McHenry County Sheriff's Office
Dave Wagner, Undersheriff, Kane County
Eric Weis, State's Attorney, Kendall County
Candice Yeargin, Project Success Supervisor, McHenry County Substance Coalition
Sam Yingling, State Representative, 62nd District
Jacob Zimmerman, Superintendent, Kane County Veterans Assistance Commission
Andy Zinke, Undersheriff, McHenry County Sheriff's Office



MARCH 7 | KANE COUNTY GOVERNMENT CENTER | GENEVA, IL

TABLE DISCUSSION GUIDELINES

1. **10 minutes: PRIMARY PREVENTION** - focuses on preventing the initiation of substance use or delaying the age of first use (e.g. may include educational forums, school based programs, community based programs)
 - a. What are the barriers?
 - b. What are the ways in which you have navigated around these barriers?
 - c. What are the next steps?
2. **10 minutes: SECONDARY PREVENTION** substance abuse treatment (includes inpatient, outpatient, support groups, medication assisted therapies etc.)
 - a. What are the barriers?
 - b. What are the ways in which you have navigated around these barriers?
 - c. What are the next steps?
3. **10 minutes: TERTIARY PREVENTION**– activities aimed at lowering the harm such as overdose prevention (naloxone/Narcan distribution) and/or outreach to those who might be actively using opiates/heroin
 - a. What are the barriers?
 - b. What are the ways in which you have navigated around these barriers?
 - c. What are the next steps
4. **15 minutes: BRAINSTORMING**: What are **the most important and most actionable** next step(s)?
 - a. With whom will you work on these next step(s)?
 - b. What are these next step(s)?
 - c. Where will these action steps take place?
 - d. What is the timeframe for these next steps?

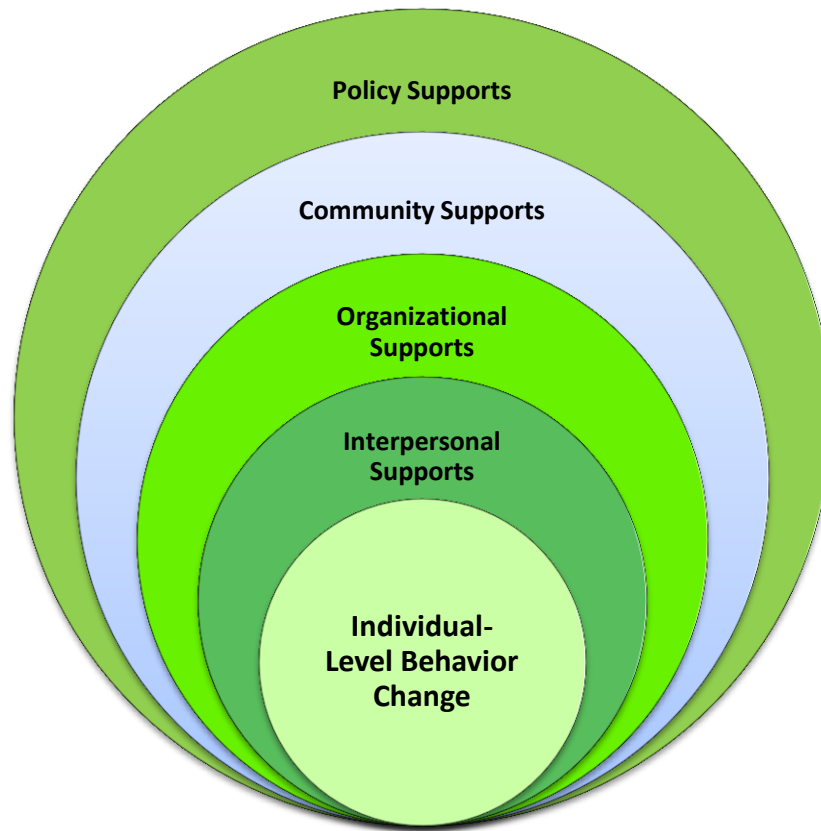
Group ____

Please use this document to remind yourself of the relationships you have now and the relationships you would like to create. This document can be useful in thinking through each sphere of prevention including primary (preventing use); secondary (treatment); and tertiary (preventing death and harm).

Potential Partners	Working with Now	Plan Work	Barriers	Next Steps
Police				
Schools				
Community based organizations				
Chambers of commerce/businesses				
Professional associations				
Public Health Departments				
Parents				
Youth/young adults				
Substance use treatment providers				
EMT Emergency Medical Services				
Outreach workers (active users)				
Syringe exchange providers				
People in recovery				
Coroners				
Hospitals				
Pharmacies				
Doctors				
Courts				
Jails				
Elected officials				
Doctors				
Courts				
Jails				
Elected officials				
Community based health education programs				
Others				

Additional Comments:

The Social Ecological Model



Four Principles of the Social Ecological Model:

- ☐ Interventions to promote and support individual-level behavior change must occur at multiple levels and involve professionals, organizations and institutions in multiple domains.
- ☐ Each level seeks to influence individual-level behavior through complimentary activities aimed at a common goal.
- ☐ Efforts that target individuals solely and not the professionals, organizations and systems designed to support these individuals are less effective in sustaining behavior change than multi-level models. Models that focus solely on communities and do not include individual-level education and communication efforts are less motivating than multi-level models.
- ☐ Community-based health promotion models and the activities therein must be tailored to change a specific health behavior. Critical factors involved in the development to continuation of a behavior must be identified to enhance the creation of goals and activities.